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THE DRUG PROBLEM IN IOWA

HEARING

BEFORE A

SUBCOMMITTEE OF THE

COMMITTEE ON APPROPRIATIONS

UNITED STATES SENATE

ONE HUNDRED FIRST CONGRESS

FIRST SESSION

SPECIAL HEARING

Printed for the use of the Committee on Appropriations

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THE DRUG PROBLEM IN IOWA

MONDAY, JULY 17, 1989

U.S. Senate,
Subcommittee on Labor, Health and Human
Services, and Education, and Related Agencies,
Committee on Appropriations,
Des Moines, IA.

The subcommittee met at 8:45 a.m., at the Hoover High School, Des Moines, IA, Hon. Tom Harkin (chairman) presiding.

Present: Senator Harkin.

NONDEPARTMENTAL WITNESSES

STATEMENTS OF:

- WILLIAM MOULDER, CHIEF OF POLICE, DES MOINES
- DECKER PLOEHN, CHIEF OF POLICE, BETTENDORF
- MARGARET TOOMEY, ADMINISTRATOR, HOMES OF OAKRIDGE, DES MOINES.
- WAYNE FORD, EXECUTIVE DIRECTOR, URBAN DREAMS, DES MOINES
- THOMAS MULLIN, WOODBURY COUNTY ATTORNEY, SIOUX CITY

OPENING REMARKS OF SENATOR HARKIN

Senator **Harkin**. The Senate Appropriations Subcommittee on Labor, Health and Human Services will come to order.

First of all, I thank you all for coming. I intend to start just a few minutes early this morning so we have time for some questions. I also want to say how proud I am that such a distinguished group of Iowans are joining us as witnesses for this hearing.

SCOPE OF PROBLEM

The more I talk to police officers, educators, clergy, and community leaders, the clearer it becomes that the druggers have established a beach head here in Iowa. I was startled to read several months ago the following warning from an Iowa crack addict. He said: "There's a killer in Iowa. It's coming to your town. You'd better be ready for it." I know what he was talking about was drugs.

With the news of the 9-year-old boy selling crack in Des Moines and 13-year-olds buying LSD in Coralville, it's a threat we had better take seriously.

As Iowans we have worked hard to cultivate a good quality of life. Our State has always been a safe place, a decent place, a good place to raise a family, as the signs along our borders tell us, a place to grow. But the druggers are moving in here because they think this is a field of opportunity for them here in Iowa.

Make no mistake about it, the drug problem we have in Iowa is not as immense as the ones they may have in New York, California, or Washington, DC. The point is that we shouldn't wait until it gets that bad. I believe we have the opportunity to reverse the drug problem in Iowa and make Iowa drug-free by 1993 which is an effort that I have started.

We have the opportunity to take aggressive and concentrated action to stop drugs in Iowa and to move forward on this level.

The second thing I wanted to point out is that stopping the flow of drugs and reversing this trend in Iowa is also an economic development tool for the State of Iowa. You can bet your bottom dollar that corporations want to locate where there's not a drug problem. Families want to settle where their children will be safe and free from the threat of drugs.

So keeping Iowa safe from drugs and reversing this trend will also help Iowa grow economically. We will win this battle against drugs by stopping the supply, strengthening our law enforcement and having better treatment and education. The Federal Government has a role along with the States and local communities and private citizens. That's why I'm here this morning.

The Labor Appropriations Subcommittee which I chair has jurisdiction over $1 billion in Federal funds for drug treatment and rehabilitation and education. More than $8 million of that money came to Iowa in fiscal year 1989, and all that money flows through my subcommittee.

I come here today to find out the scope of the drug problem in Iowa. I want to find out how the education and prevention funds are being used in Iowa. In September I will go to market on my legislation in funding for fiscal year 1990.

I come here today to get firsthand information from experts about these programs, if we need to fine-tune them, if we need to change them, or if we need to redirect money. That's the kind of information I'm looking for here today to help me when I go in to market this in September.

I was very saddened to read yesterday in the Sunday Register about a young man by the name of Ray Drake whom I have never met, but evidently he went to Hoover High School where he was a great athlete. Last week someone shot him in Illinois. Now he lies in a coma. All indications are that it was a drug-related murder.

It's remarkable how close the drug problem comes to all of us: the fact that he went to this high school, Hoover High School, and just graduated about 3 years ago. Yet here is a promising young man who lies in a coma because he was shot—the victim of a drug attack.

I want to bring to your attention another matter. Senator Bentsen, who chairs the Finance Committee, wants the drug fight to include rural areas. He said it must look beyond the big cities and address the rapid spread of the cocaine derivative crack in the rural areas.

[The information follows:]

[From the Des Moines Register, July 16, 1989]

BENTSEN WANTS DRUG FIGHT TO INCLUDE RURAL AREAS

WASHINGTON, DC.—The national anti-drug strategy due out this fall must look beyond the big cities and address the rapid spread of the cocaine derivative crack to rural areas, Senator Lloyd Bentsen said Saturday.

Bentsen said he is asking national drug control director William Bennett, who is drawing up the anti-drug blueprint, to include "measures to combat the serious and growing problem of drug abuse in smaller towns and the rural countryside."

The Texas Democrat said he wants to be sure the Drug Enforcement Administration "doesn't limit its efforts to just the big dealers and the big cities, that we include rural and small towns too."

Bennett must complete the first comprehensive national drug-control plan by September 5.

Senator HARKIN. I couldn't agree more.

But it all comes down to money. Money comes down to a matter of priorities. For the price of three B–2 bombers, we could mount a major effort in the drug war. For that amount of money we could fund 150 border patrol agents, 225 additional FBI agents, 64 U.S. marshalls, 2,000 additional prison beds, 700 DEA agents and anti-gang task forces in 60 cities across the Nation.

The most serious threat to our national security is in the drug problem. That's where we have to focus our attention and our efforts. For how long I don't know. For how many years I don't know. But until we stop the flow of drugs, until we build a solid educational system for all of our young children, until we build a solid treatment and rehabilitation program in the United States, the war against drugs must be our No. 1 priority.

I welcome our first panel. I appreciate your all being here and some of you coming a great distance.

At the outset let me say that because of time limitations I will ask each witness to limit his or her statement to 5 minutes.

The first panel will be dealing with the scope of the problem. We have William Moulder, chief of police of Des Moines; Decker Ploehn, chief of police of Bettendorf; Thomas Mullin, Woodbury County Attorney from Sioux City; Wayne Ford, executive director of Urban Dreams here in Des Moines; and Sister Margaret Toomey, administrator of the Homes of Oakridge in Des Moines.

Welcome. Written statements will be made a part of the record so I ask to you to take 5 minutes to summarize your statement. Thank you again for appearing here today.

I am well aware of all the work that you do in the State of Iowa. It is a very important job of combating drugs. I just want to compliment you and thank you for your continuing efforts. Having said that, I recognize Chief Moulder, chief of police of Des Moines Police Department.

Mr. MOULDER. Thank you, Senator Harkin. I appreciate the opportunity to be on this panel and speak with you this morning.

I also want to note the Senator's interest in this endeavor as evidenced by your participation in our One by One event that was held in Washington, DC early last month. At that time the Senator spent time with us in meetings with us representatives from Des Moines and also making a presentation at the Lincoln Memorial.

The onset of crack cocaine in Des Moines, IA is quite similar to what has happened in other parts of the country. We first saw it in February 1987. By June 1988, Our Primary Purpose, a juvenile treatment center, had its first juvenile addicts. In less than 1 year a drug that was virtually unknown was on its way to becoming the drug of choice in Des Moines, IA.

The impact was dramatic, much more severe than the influx of other drugs in the past. Open street dealing appeared in just a few short months. Crack houses, apartments, and residences where customers could come inside appeared almost overnight.

The majority of these locations were in depressed neighborhoods, but they were also appearing in middle class neighborhoods like those around the Drake Park area. Complaints to the police department rapidly increased. Arrests increased. Seizures of drugs and the assets of drug dealers increased.

By the end of 1988 the department doubled the number of officers assigned to the vice and narcotics unit. That also resulted in tripling the number of arrests that were made in the last 2 months of 1988. The value of the drugs that we seized from the street went from $32,500 in the last 2 months of 1987 to nearly $285,000 and the cash received from dealers increased by a similar 800 percent. It went from $4,500 the last 2 months of 1987 to over $38,000 in the last 2 months of 1988.

This had a direct impact on the rest of the criminal justice system. Cases have flooded the State laboratory. Cases have flooded the prosecutor's office and suspects have flooded the jails. Drug money that has been seized by the department has been used to supplement the resources of the State laboratory to buy additional time just to analyze the drugs in preparation for cases.

Drug money was used to supplement the resources of the prosecutor's office to buy prosecutorial time to prepare those cases for court. The Iowa legislature has recognized some of these needs and provided additional resources for the State laboratory and increased the number of agents assigned to the State investigative agency.

The impact that crack cocaine has had in the Des Moines area is not just in the arrests and consumption of police resources. It has also impacted the neighborhoods. Drug dealers have congregated. People in the Drake Park area felt a distinct loss of control over their territory. They felt a loss of control over their children.

It is exemplified by a news account that appeared in the Des Moines Register. A woman pinned a note to her 9-year-old son asking the school authorities to talk to him about selling cocaine. She was asking for assistance in this problem.

In the Drake neighborhood and in the Homes of Oakridge people began to work with us very closely to reclaim their property. The residents came together and worked on running the drug dealers out of their area. It took a great deal of courage for them to do so. They have taken the statement that they will call the police when they see something going on. They have also taken the initiative to post "No Trespassing" signs on their property that ensure that police can remove undesirable people from their area.

While the Homes of Oakridge is still recovering and Drake Park is substantially improved, the problem is not solved. It may well be that the problem has migrated not only to other areas of Des Moines but to other areas in the State.

Prior to 1989 one of the common manners in which the Des Moines Police Department investigated criminal drug cases was to amass a lot of information, obtain a search warrant and then arrest warrant and arrest the dealers that were dealing drugs, turn that dealer around, go for a larger supplier. We can't do that anymore.

We have now moved our focus of efforts to the street dealer. The reason for that is those earlier methods took 1 to 2 to 3 years. We are now spending 1 to 2 to 3 hours on an investigation. We did that because we recognize the street dealer is the problem in Des Moines. We are consciously focusing on that person as the problem because they are the gross development depressing the neighborhood and making the streets unsafe.

The result of this change of focus has been that we have made fewer arrests for larger crimes. We have made a substantial number of arrests of dealers and are putting them out of business. Thank you.

Senator HARKIN. Chief Moulder, thank you very much.

[The statement follows:]

STATEMENT OF WILLIAM H. MOULDER

Scope of the Problem

Senator Tom Harkin and Distinguished Panel Members:

Thank you for providing this forum to share the concerns and thoughts of the Des Moines Police Department on this topic. I also appreciate the Senator's interest in the drug problem in Iowa and in Des Moines as evidenced by your participation in the One by One event held at our nation's capitol last June 9th. The time the Senator spent with us in meetings and in making a presentation at the Lincoln Memorial was most appreciated.

The onset of crack cocaine in Des Moines, Iowa, is similar to its explosion elsewhere in our country. We had heard of crack cocaine a couple of years before it arrived. The Des Moines Police Department's first contact with crack was in February of 1987. By June of 1988, Our Primary Purpose, a treatment center for juveniles, had its first crack dependent juvenile in treatment. By April of 1988 the drug that was nearly unknown a year before was well on its way to being the drug of choice for Des Moines' substance abusers.

The impact was dramatic; much more severe than the influx of other drugs before. Open street dealing appeared in several locations. Crack houses, apartments and residences where customers could come inside to purchase drugs and where the final steps in the manufacture of crack took place, appeared overnight. While the majority of these locations appeared in depressed neighborhoods, some appeared in middle class neighborhoods like those around Drake Park.

Complaints to the police increased. Arrests increased, and the seizures of drugs and assets of the drug dealers increased. Toward the end of 1988, the department doubled the number of officers assigned to the Vice and Narcotics Unit. The increase of six officers resulted in tripling the number of arrests during the last two months of 1988. The value of drugs seized went from $32,500.00 to nearly $285,000.00, and the cash seized from dealers

~~had a similar 800 per cent increase~~. Cash seized rose from $4,500.00 the last two months of 1987 to over $38,000.00 in the last two months of 1988.

These increases had a direct impact on the rest of the criminal justice system. The number of cases being prosecuted began to flood the state laboratories with the need for analysis. It began to flood the prosecutor's office and the courts with suspects going through the system. It began to flood the jails with people being held for trial and to serve time after conviction. Drug money seized by the Des Moines Police Department has been used to supplement the state laboratory to buy additional time for technicians to analyze the drugs being confiscated and provide testimony in court. Drug money seized by the Des Moines Police Department has been used to supplement the prosecutor's office for additional time for prosecutors to prepare cases to go to the courts for trial.

The Iowa legislature has recognized the need for additional resources at the state laboratory. It has appropriated funds to increase the number of agents assigned to drug investigations and the number of scientists working in the laboratory to analyze those cases.

The impact that crack cocaine has had in the Des Moines area is not just on arrests and the consumption of police resources and the resources of the criminal justice system. It has strongly impacted the neighborhoods where the drug dealers have congregated. People in the Drake Park area suffered a distinct loss of control of their neighborhood. Parents felt a loss of control over their children. This was exemplified in a news account in the Des Moines Register recently. They reported that the mother of a young child that had been out selling cocaine pinned a note to his shirt when he returned to school asking that the school authorities talk to him about this activity. That mother was asking for help. In the Drake neighborhood the neighbors began working closely with the Des Moines Police Department to reclaim their property. In the Homes of Oakridge, a subsidised housing area in the Des Moines community, the residents came together to work with police to reclaim their neighborhoods. People who had been intimidated by the presence of the drug dealers and drug trafficking took on great courage and decided to call the police when they saw criminal activity. They posted no trespassing signs on their property that allow police to remove the dealers who were just hanging around on the streets.

Community leaders came together to voice their opposition to the drug trafficking in the neighborhoods. The effect of these combined forces has caused improvement in many areas. The Drake Park neighborhood is recovering. The Homes of Oakridge is still focusing a strong concern on the drug dealers and is in far better shape than it was last February. Places like Drake Park are now used by the residents of the city for proper park purposes. It is no longer an open market for dealers.

This does not mean that we have solved the problem. In many instances, the problem has merely migrated to another part of Des Moines or out of Des Moines into the suburbs or rural areas.

Early this year, we made a conscious decision to change the manner in which we pursue drug investigations. Prior to 1989, the common manner for investigating drug cases was to amass sufficient evidence to obtain a search warrant and an arrest warrant for the dealer and then try to turn that dealer around and go to his supplier until you can get a major supplier and prosecute that person. Drug investigations often lasted a month or more, some as long as two or three years before the arrests were made. We found that we did not have that kind of time and that we were not equipped with the type of resources necessary to conduct long-term investigations.

The problem in Des Moines was the street dealer. We consciously decided to focus on the street dealer. No attempt was made to go for the major suppliers. Those were left for the state investigators and the federal investigators. For the first six months of this year, uniform officers are confiscating drugs from people at the rate of over two cases per day. While not a large number of those result in charges, they do result in removing a lot of drugs from the street. Investigation now may last only a couple of hours or a couple of days and result in an arrest for lesser charges than would be expected on a longer-term investigation. The decision to operate in this manner was made because the presences of the drug dealer was such a corrosive influence in neighborhoods. As long as the drug dealer was operating in a neighborhood, the neighborhood would deteriorate and residents became prisoners of their own homes.

It is readily apparent that the solution to the drug problem in Des Moines, as well as elsewhere in the United States, does not lie within the criminal justice system. The police, the prosecutors, the courts, the jails are only a piece of that solution. Extended prison sentences will help in removing many people from dealing drugs. Removing the profit from drug dealing will make it less attractive to many more. When we try to remove the profit from dealing drugs, we are not talking about just the drug dealer. Legitimate people also profit from the dealing of drugs. Property owners that rent their property to drug dealers profit from this criminal enterprise. While many of these property owners are either intimidated or feel impotent in trying to rid themselves of the presence of a drug dealer, some recognize that the drug dealer is a tenant that will pay extraordinary rent and will pay it on time.

The Des Moines Police Department has combined with the city's housing inspectors and zoning inspectors to address this area. Whenever a building being used for dealing narcotics is discovered and that building is believed to violate the city codes, city housing inspectors will inspect the residence and issue closure notices where warranted. Zoning inspectors will insure violations of the beautification ordinance are corrected. This means that it is no longer permissible for drug dealers to board up houses and use them as fortified stores. This means that the quality of the residence must be maintained and that the hard use brought about by the presence of drug users must be corrected. The owner of the property will not profit from this kind of transaction. Further, the state of Iowa is very fortunate in having a statute that allows law enforcement to seize real property from those that are benefiting from the drug transactions taking place in that house. This tool was nearly lost in the state legislature this last session. Only through a courageous veto by the governor of Iowa were we able to retain this tool.

As I said earlier, we recognize that the problem of drugs goes beyond the scope of the criminal justice system. Toward that end, the Des Moines Police Department is working closely with the Des Moines Coalition on Substance Abuse. That coalition is seeking community cooperation to address the problems of treatment and prevention. The city of Des Moines has joined with the coalition to apply for grant funds for a five-year project to address the problem of drugs in the Des Moines area. We have used seized drug money to support the Park Department in removing drug related graffiti. We have used seized drug money to send officers to schools to learn about gang tactics. Department resources and seized drug money have been committed to sponsoring efforts such as One by One that set the tone that the use of drugs in our community is intolerable.

We look to the federal and state level for resources to keep drugs out of the community. Des Moines is at the intersection of I-35 and I-80 and is a transfer point as well as a destination for many drug transactions.

I offer no real answers to the drug problem that we are facing. We are somewhat in the condition that was described by Chip Stewart of the National Institute of Justice. Chip has likened our present status with drugs as the treatment for polio was prior to the Salk vaccine. Prior to the Salk vaccine, polio was treated by putting people in iron lungs. That was not a real solution to the problem, it was just the best thing we knew how to do while we were waiting for something to come along. With the advent of the Salk vaccine, polio ceased to be a problem. Presently, law enforcement is in the iron lung stage of treating drugs. We look to the schools, to the social agencies and to our national leaders to determine when we will have our Salk vaccine. Thank you.

STATEMENT OF DECKER PLOEHN

Senator **Harkin**. Next I would recognize the Chief of Police of Bettendorf, Chief Decker Ploehn.

Mr. **Ploehn**. Thank you, Senator, for inviting me today.

Senator Harkin has a unique perspective of the Bettendorf Police Department. He spent a day with us in February and during that time met a drug informant and viewed a search warrant being served and cocaine being seized from a defendant whom we had previously arrested 1 month before on drug trafficking charges.

The Bettendorf Police Department has participated with Quad Cities Metropolitan Enforcement Group in the bistate area of the Quad Cities for about 15 years. I have been a police officer for 15 years and we have got to make a dent in that effort.

One of the things that we did a little differently most recently around the time Senator Harkin came to us is we assigned one officer full time at home to take care of problems that we would call smaller problems that wouldn't take long-term investigations, very similar to what Chief Moulder just mentioned.

We are a smaller community, only 30,000 people, but since the inception of that project, one officer with the assistance of other officers has arrested 39 defendants. They have been arrested on charges ranging from simple possession but primarily most of the charges have been in the realm of possession with intent to deliver either cocaine or marijuana.

In our community we have confiscated in just that short period of time $25,000 in cash, a Cadillac Eldorado, and two cars valued at about $40,000 currently are seized and under forfeiture in just that small town.

It's in our area a little bit of a problem because we have five communities just like you do here in Des Moines. The criminals don't know our boundaries and move back and forth and sometimes work the same defendants. That has become somewhat of a problem for us.

We have decided that we are going to take a three-pronged approach in Bettendorf. We have now with the Bettendorf School System arranged for and will be participating in a Drug Abuse Resistance Education Program in January of this year. In addition, we are going to continue that officer at home in small interdiction with the hit and run tactics that have been very successful with the 39 defendants and we will continue our efforts with our covert officers in the metropolitan enforcement group.

The thing I think bothers me most is I look back over my career. Officers that come on police departments typically take about 12 to 15 months to become seasoned and start to recognize problems. One of the things that has been a problem for us in a small agency is training.

I'm a product of the Law Enforcement Assistance Administration [LEAA]. I received my degree and most of the officers in our department received their degrees through the LEAA. And I think that's made a better crop of officers who have been able to deal with these problems and understand that we need to take radical approaches.

The problem as I see with prosecution, particularly on charges of possession with intent to deliver which on the scale for most prosecutors isn't quite up there in terms of delivery, we have been seeing more and more suspended and deferred sentences. That is one area that I would like to see corrected, if possible.

Obviously as Chief Moulder mentioned we don't have a place to put these people. We have arrested 39 people since February. That means that's 39 more in the system that are being prosecuted and have to be dealt with and that's a problem for not only us arresting them but more importantly for people who have to prosecute them along with the other people that are being arrested on other charges.

We have to see the drug problem as a radical problem that needs radical solutions. We have to take a look at our imagination. With drunk driving we have put great effort forth in this country to stop that problem. And I think in my short time as a police officer we have seen dramatic efforts and results by being very strict with drunk driving.

We are going to have to take a hard look at the drug problem and start to continue efforts like we have with that problem and understand that it's not going to take 1 year or 2 years to solve it. This is probably a 20-year problem. It didn't get here overnight. We are not going to solve it overnight.

By getting in the prevention arena educating our children and then working continually from our perspective at the hit-and-run tactics like we were talking about, staying on top of it, over the long haul we can solve the problem. Thank you.

Senator HARKIN. Thank you, Chief Ploehn.

[The statement follows:]

STATEMENT OF DECKER POLEHN

Synopsis of Testimony

By way of introduction, I am the Chief of Police of Bettendorf, Iowa, which is the fourth largest, and fastest growing community in the three-county Quad City Metropolitan area, situated on the Mississippi River on the eastern border of the State, across from Illinois. The estimated 1986 population was 28,200, and the Bi-State Metropolitan area comprises Scott County in Iowa and Rock Island County in Illinois, with a total population of 350,000.

Enclosed is demographic information on the area, which may help you in assessing the area from that standpoint. Bettendorf is a middle to upper middle-class community, predominately white, with 24 percent of the population earning in excess of $50,000, and 53 percent in excess of $35,000 per year. Bettendorf would not be thought of as a typical drug area.

The Bettendorf Police Department is comprised of 31 sworn officers--the average age being 29; approximately 20 of those officers are degreed. The makeup of the department is relatively young, contributing to its exceptional aggressiveness in dealing with general police problems.

The Bettendorf Police has participated in drug enforcement through the Metropolitan Enforcement Group, which is made up of law enforcement officers from both sides of the River. This group, established 15 years ago to combat drug problems on both sides of the River, still exists; however, due to budgetary problems, the Bettendorf Police Department left the Metropolitan Enforcement Group one year ago and decided to continue some effort at home (although not fulltime). We have assigned one officer to handle those smaller short-term covert drug operations, primarily going after known drug dealers through what would be called "hit and run" tactics; that is, to arrest users as they leave a known house, or question them with regard to their activities or to drugs being obtained in that house. We then proceed to obtain search warrants and based on information developed through those stops. It is relatively a quick, versus long-term investigation and generally results in a lesser charge--something in the neighborhood of "possession with intent to deliver" versus actual delivery charges. The results of the assignment of that officer is one of topics I would like to testify to you about.

Since the inception of that officer's assignment, 39 defendants have been arrested on charges ranging from simple "possession" to "delivery", and primarily most of the charges have been in the realm of "possession with intent to deliver". Drugs such as marijuana and cocaine have been the predominant finds and we have also uncovered projects such as the growing of marijuana plants, as well as psilocybin, which is a mushroom substance. We have also confiscated $25,000 in cash, a Cadillac Eldorado, and two cars currently seized are pending forfeiture.

There has always been satisfactory cooperation between the law enforcement officials on both sides of the River and combating drug traffic now appears to be a priority among all the agencies and the prosecuting offices. The problem, as I see it, is that the manpower situation in a small law enforcement agency is insufficient to combat drug problems on the scale we would like. Also, because of our being in a bi-state metropolitan area, we must maintain a good working relationship with those other agencies, so we try to avoid working the same defendants, if possible. And because of the territory, criminals tend to move throughout the area with relative ease and with relative disregard for whaatever community they may choose to inhabit or "work". The City of Bettendorf has received assistance from the Governor's Alliance on Substance Abuse (State of Iowa), and that has provided adequate monies for carrying on "buy" money and vehicle rental. However, it is my opinion that more effort will have to be made and more personnel dollars will have to be spent to begin to attack this problem effectively. As I see the problem in terms of law enforcement, we need to be in the arena of prevention, and the Bettendorf Police Department is doing what many agencies are doing--establishing a D.A.R.E. Program (Drug Abuse Resistance Education), in cooperation with the Bettendorf School System. A police officer will be placed in the elementary schools at fifth grade level to attempt to reduce the demand side of the market. In addition, we will continue our at-home interdiction effort with a member of the department being assigned that responsibility, generally 75 percent of the time, addressing what we call the small "hit and run" tactics. Finally, we will continue our efforts with the Metropolitan Enforcement Group by again placing an officer there to work in the long-term covert operation that involves the entire area.

As I view the drug situation, I see several things that need to be accomplished. First, participation at every level needs to be intensified, and therefore additional officers are needed. Very simply, money is not currently available to make this a reality. Secondly, it would appear that we need to enhance our efforts in the prevention arena, as simply working at the supply-side has not proven successful. Thirdly, local entities need to be enabled to provide necessary training for officers, as this has not been forthcoming for the past several years. Most of the officers of the Bettendorf Police Department were trained and educated through the Law Enforcement Assistance Administration (LEEA) during the 70's and '80's at the time when education became a vital aspect of law enforcement in an effort to establish professionalism. LEAA has gone by the wayside and training expenses have been borne by local agencies such as the individual departments. Fortunately, Bettendorf is a city that is well-to-do and can afford some training, but other cities our size don't have near the budget we have. In my thinking, it would be greatly beneficial to reestablish a program to provide training dollars for law enforcement so as to educate officers about the various methods that should be used to attempt to eradicate the drug problem.

In addition, strict prosecution needs to be implemented for a simple "possession", all the way through to major trafficking. Just as has been done with drunk driving throughout this country, the message needs to be sent to these individuals that this type of activity simply will not be tolerated. In order to send that message, prosecution must be swift, and it must be harsh. Once the prosecution has been obtained and convictions obtained, guilty persons should be incarcerated. One of the great pitfalls in drug enforcement throughout this country is the continued probation, deferred and suspended sentences which are given to offenders, enabling them to be back in business with barely a dent in their agenda.

Senator Harkin is familiar, first hand, with seeing our attack on a known cocaine trafficker during one of his workdays which he spent with us this past January 18. The woman had been arrested the previous December, again on the day Senator Harkin was there, and for a third time in February--and she is still not incarcerated as of this testimony. We need to simply build larger prisons and incarcerate these people. Let the word go forth that this country will no longer tolerate this behavior which is tearing at the very fabric of our society on all levels. The City of Bettendorf, for its part, is taking a multi-faceted approach. We are starting the D.A.R.E Program in January in conjunction with the Bettendorf School System; we are working the supply side with at least one officer operating within the actual jurisdictional boundaries; and a third officer is being assigned to the Metropolitan Enforcement Group to help handle area problems. We intend to continue that effort.

I hope this information will be of some assistance to you in determining your line of interrogation on the day of my testimony.

STATEMENT OF THOMAS MULLIN

Senator HARKIN. Next from the prosecutorial side, Thomas Mullin, county attorney of Woodbury County.

Mr. MULLIN. Thank you for inviting me today, Senator. I would like to take this opportunity to invite you to come to Sioux City sometime in the next 8 months and be prosecutor for a day. That would be a good experience.

Senator HARKIN. I am leaving that to my wife who is a former county attorney. Go ahead.

Mr. MULLIN. Senator, in just 2 short years the drug problem in northwest Iowa has doubled in scope. The drug problems we now face are reaching crisis proportions. Now is an especially critical time for us. With sufficient help we might still be able to stem the tide of criminal drug activity. But without the help we need, I fear that the worst problems will become entrenched and insolvable.

More drug dealers are selling pure, more dangerous and more highly addictive drugs to more and to younger drug users. At the same time area drug addiction treatment in northwest Iowa has become less available to those who need treatment. Because of treatment affordability and longer waiting periods, we do not have enough law enforcement officers to even hold the line let alone win the war against drug traffickers.

The abuse of drugs including alcohol is a factor in most crimes committed in northwest Iowa. Drug and alcohol abuse is the primary societal problem plaguing our communities. As Woodbury County attorney, I serve as chief criminal prosecutor and chief law enforcement officer for northwest Iowa's most populous county.

Our largest city, Sioux City, serves as the major distribution center for drugs used illicitly in northwest Iowa. Most drugs coming into or being funneled through the Sioux City metropolitan area arrive directly from California and Mexico in the case of cocaine and Oklahoma, Texas, and California in the case of crank or methamphetamines. The drugs arrive mostly by automobile and by air transportation.

This year according to Sioux City Police Department statistics, the number of local drug arrests, drug prosecutions and police undercover drug purchases will be twice those which occurred only 2 years ago.

The dollar value of property drug traffickers forfeited this year in Woodbury County will likely double or even triple last year's forfeitures. The degree of purity of cocaine seized by area law enforcement agencies is much greater now than in the just recent past which indicates that major local drug traffickers are now much closer in the distribution chain to the centers of drug manufacturing and drug processing.

Cocaine and methamphetamines have recently captured the lion's share of our area's drug trade. The birth of babies addicted to cocaine at the time of delivery is a recent local phenomenon and maternal cocaine addiction is increasing sharply in our area. The local use of crack cocaine is now in evidence in northwest Iowa.

Sioux City has begun experiencing gang activity. It is believed that two Omaha, NE gangs are attempting to become better established in Sioux City to vie for a share of the local criminal drug market.

The situation I am describing to you, Senator, is bleak and it is getting worse. The depth of the drug problem in our area is recent. Our problems are compounded by badly understaffed local law enforcement agencies and by inadequate drug treatment resources.

The only realistic chance we have for reversal of these alarming trends will involve quick, meaningful Government action. Northwest Iowa communities need immediate and substantial funding, funding to hire more police officers to investigate drug trafficking and arrest more drug dealers and funding to provide long-term community-based solutions involving more affordable and more available drug treatment resources and expanded drug education programs. By community-based centers I mean giving greater local control and choosing which particular solution will best match local needs.

The singular area of hope about which I can testify concerns community attitudes. Locally citizen support for drug-free communities is getting stronger. More northwest Iowa children are involved in Just Say No School Programs. More parents are joining alcohol- and drug-abuse prevention parenting networks.

Since the start of Sioux City's Report-A-Pusher Crimestoppers Program, citizen telephone tips concerning criminal activities have increased sixfold.

In short, our children want to say no to drug abuse and alcohol abuse. The neighborhoods in our communities are willing to rise up against drug dealers, but our children and our communities cannot begin to win the war against drug abuse without immediate and substantial Federal financial assistance. Without such urgently needed help we will all lose. Thank you.

Senator HARKIN. Thank you very much, Mr. Mullin.

[The statement follows:]

STATEMENT OF THOMAS S. MULLIN

In just two short years, the drug problem in Northwest Iowa has doubled in scope. The problems we now face are reaching crisis proportions. Now is an especially critical time for us. With sufficient help, we might still be able to stem the tide of criminal drug activity. Without the help we need, I fear the worst problems will become entrenched and unsolvable.

More drug dealers are selling purer, more dangerous, and more highly addictive drugs to more (and younger) drug users. Area drug addiction treatment has become less available to those who need treatment, because of treatment affordability and longer waiting periods. We do not have enough law enforcement officers to even "hold the line"--let alone win the war--against drug traffickers. The abuse of drugs, including alcohol, is a factor in most crimes committed in Northwest Iowa. Drug and alcohol abuse is the primary societal problem plaguing our communities.

As Woodbury County Attorney, I serve as chief criminal prosecutor and chief law enforcement officer for the most populous county in Northwest Iowa. Our largest city, Sioux City, serves as the major "distribution center" for drugs used illicitly in Northwest Iowa. Most drugs coming into or being funneled through the Sioux City metropolitan area arrive directly from California and Mexico (in the case of cocaine) and Oklahoma, Texas, and California (in the case of "crank," or methamphetamine). The drugs arrive mostly by automobile and by air transportation.

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Sioux City to vie for a share of the local illegal drug market.

The situation I am describing to you is bleak, and it is getting worse. The depth of the drug problem in our area is recent; our problems are compounded by badly understaffed local law enforcement agencies, and by inadequate drug treatment resources.

The only realistic chance for reversal of these alarming trends will involve quick, meaningful government action. Northwest Iowa communities need immediate and substantial funding to (1) hire more police officers to investigate drug trafficking and arrest more drug dealers, and (2) provide long-term community-based solutions involving more affordable and more available drug treatment resources and expanded drug abuse education programs. By "community-based," I mean giving greater local control in choosing which particular solutions will best match local needs.

The singular area of hope about which I can testify concerns community attitudes. Locally, citizen support for drug-free communities is getting stronger. More Northwest Iowa children are involved with "Just Say No" school programs. More parents are joining alcohol- and drug-abuse prevention "parenting networks." ~~And,~~ since the start of Sioux City's

"Report-A-Pusher" Crimestoppers program this April, ~~citizen~~ telephone tips concerning criminal activity have increased *six-fold*.

In short, our children want to say "no" to drug abuse and alcohol abuse, and our neighborhoods and communities are willing to rise up against drug traffickers. But, our children, and our communities, cannot begin to win the war against drug abuse without *immediate and substantial* Federal financial assistance. Without such urgently needed help, we will all lose.

STATEMENT OF WAYNE FORD

Senator HARKIN. Next is Mr. Wayne Ford, executive director of Urban Dreams, Des Moines, IA.

Mr. FORD. Thank you very much, Senator, for giving me this opportunity to be here.

I would also like to dedicate my testimony to Ray Drake and his family. Ray Drake, a former high school all-State Hoover athlete, was a young kid that I used to coach at the Model City Community Center.

State officials recently identified Iowa's No. 1 problem, the State's transition from rural to urban and the complexities involved with this transition. Iowa must prepare itself for that transition. Our failure to recognize this social change has led to multiple problems including the inability to stem the tide of increasing drug trafficking and usage.

City councils around the State of Iowa are claiming that substance abuse is at a crisis level in their communities. Teenage gangs are coming in from major metropolitan areas such as Chicago, Los Angeles, and Detroit to recruit welfare mothers who reside in Federal housing projects and black youth who are vulnerable to the big city gang methodology.

In addition, there are large drug busts in rural Iowa and rumors of the teenage gangs running rampant in these small towns. I'm sure if you look at the total poundage of narcotics seized in the State of Iowa, you will clearly see that the drug crisis in Iowa is not just a black inner city crisis but a crisis that affects all Iowans.

I am the executive director of Urban Dreams, a United Way agency which has won State, national, and local awards for its unique social service delivery system. Our research clearly shows that many whites travel to urban areas to buy drugs. The ripple effect of this has created a new problem for rural Iowa. Rural towns in Iowa cannot keep up with these young people because of the city sophistication these youths are picking up from urban youths.

My organization has received numerous phone calls from rural Iowa asking questions about what they can do about problems involving rural youth. Inner city agencies have the knowledge base to help these rural communities. The organizers of Iowa's future project workshops and seminars which were held throughout Iowa agree that we should encourage urban social service providers to launch outreach programs to assist low-income rural Iowans.

Subcommittee members, I am originally from Washington, DC and have been in Iowa most of my adult life. I have been trying to raise the consciousness of Iowans to their impending rural to urban transition. The magnitude of urban issues and concerns is also great. Inner city residents have lost control of their neighborhoods to crack and crime. Until these people are given hope and evidence toward empowerment, crime and drugs will touch some aspect of the lives of all Iowans.

As the Surgeon General of American said:

> If we are to truly impact inner cities throughout America in the areas of health. drug prevention treatment, we must empower those inner-city organizations that are located in their respected communities.

There are various inner-city organizations throughout the State of Iowa which cannot compete for Federal dollars in the area of drug prevention and treatment because these funds are generally awarded to large hospitals, school districts, and traditional organizations.

We small nontraditional inner-city organizations across the State of Iowa recognize that we cannot compete against big brother and big sister for those dollars.

Most inner-city organizations in Iowa have a great deal of part-time staff because very few funders are willing to take a risk of investing in these agencies. This must change. If this subcommittee will help to empower inner-city agencies throughout the State of Iowa, I am 100 percent sure that we can decrease the amount of urban problems and drug users in those communities.

Recently I proposed a five-point plan to deal with the upsurge of gang and drug problems in Des Moines. I believe if implemented this plan would have a positive effect not only in urban Iowa but throughout rural Iowa as well.

Around 125 years ago an Iowa Senator started a process to ensure that all men would be free and entitled to life, liberty, and pursuit of happiness. That Iowa Senator started a motion on the floor of the U.S. Capitol to pass the emancipation proclamation which gave blacks their freedom.

Iowa has had a long history of helping individuals whose dreams have been shattered. Since the beginning I truly believe that Iowa has a vast pool of sensitive and supportive individuals who, if properly informed, can make our State a better place to live.

The One by One march to Washington, DC was a testimony to that. We must recognize that if any Iowan has a substance abuse problem, all Iowans have a substance abuse problem. Thank you.

Senator **Harkin**. Mr. Ford, thank you very much. When I get around to the questions, I'm going to ask you about that five-point plan. We will get to that.

[The statement follows:]

STATEMENT OF WAYNE FORD

FIRST OF ALL I WOULD LIKE TO THANK SENATOR TOM HARKIN AND THE SENATE APPROPRIATIONS SUBCOMMITTEE ON LABOR, HEALTH, AND HUMAN SERVICE, EDUCATION AND REALTED AGENCIES, FOR ALLOWING ME THIS OPPORTUNITY TO SPEAK ON THIS MOST CRUCIAL ISSUE, THAT ISSUE BEING THE SCOPE OF THE DRUG PROBLEM IOWA NOW FACES.

STATE OFFICIALS HAVE RECENTLY SAID THAT THE #1 PROBLEM FACING IOWA, IS IOWANS TRANSIITION FROM RURAL TO URBAN AND IOWANS MUST PREPARE THEMSELVES FOR THAT TRANISITION. CITY COUNCILS THROUGHOUT THE STATE OF IOWA HAVE LISTED SUBSTANCE ABUSE AS THE #1 CRISIS IN THEIR COMMUNITY. TEENAGE GANGS ARE COMING IN FROM MAJOR METRIPOLITAN AREAS SUCH AS CHICAGO, LOS ANGLES AND DETROIT TO RECRUIT WELFARE MOTHERS WHO RESIDE IN FEDERAL HOUSING PROJECTS AND BLACK YOUTH WHO ARE VULNERABLE TO THE BIG CITY GANG METHODOLOGY. IN ADDITION, THERE ARE LARGE DRUG BUSTS IN RURAL IOWA AND RUMORS OF TEENAGE GANGS RUNNING RAMPAT IN THOSE SMALL TOWNS. I AM SURE, IF YOU LOOK AT TOTAL POUNDAGE OF NARCOTIES SEIZED IN THE STATE OF IOWA, YOU WILL CLEARLY SEE THAT THE DRUG CRISIS IN IOWA IS NOT JUST A BLACK INNER CITY CRISIS, BUT A CRISIS THAT AFFECTS ALL IOWANS.

THERE ARE VARIOUS INNER CITY ORGANIZATION THROUGHOUT THE STATE WHO CANNOT COMPETE FOR THOSE FEDERAL/STATE DOLLORS IN THE AREA OF DRUG PREVENTION/TREATMENT BECAUSE THOSE FUNDS ARE GENERALLY AWARDED TO LARGE HOSPITAL, TRADITIONAL ORGANIZATIONS, ETC.

WE SMALL, NON-TRADITIONAL INNER CITY ORGANIZATIONS ACROSS THE STATE OF IOWA RECOGNIZE THAT WE CANNOT COMPETE AGAINST BIG BROTHER AND BIG SISTER FOR THOSE DOLLARS. MOST INNER CITY ORGANIZATIONS IN IOWA HAVE A GREAT DEAL OF PARTTIME STAFF BECAUSE VERY FEW ARE WILLING TO TAKE THE RISK OF INVESTING IN THESE AGENCIES, THIS MUST CHANGE! I WOULD LIKE TO INTERRATE WHAT THE SURGEON GENERAL OF AMERICA SAID "IF WE ARE TO TRULY IMPACT INNER CITIES THROUGHOUT AMERICA INTHE AREAS OF HEALTH, DRUG PREVENTION TREATMENT, ETC, WE MUST EMPOWER

THOSE INNER CITY ORGANIZATION THAT ARE LOCATED IN THEIR RESPECTED COMMUNITIES." IF THIS SUB-COMMITTEE COULD HELP EMPOWER IOWANS INNER CITY AGENCIES THEN I AM 100% SURE THAT WE CAN DECREASE THE AMOUNT OF URBAN PROBLEMS THAT WE ARE HAVING IN IOWA.

URBAN DREAMS AN UNITED WAY AGENCY, HAS WON LOCAL, STATE, AND NATIONAL AWARDS FOR ITS UNIQUE SOCIAL SERVICE DELIVERY SYSTEM. OUR RESEARCH FURTHER SHOWS THAT MANY WHITES TRAVEL INTO URBAN AREAS IN IOWA TO BUY DRUGS. The RIPPLE AFFECT OF THIS HAS BROUGHT ON A DIFFERENT TYPE OF RURAL CRISIS AND THAT IS, RURAL TOWNS IN IOWA CANNOT KEEP UP WITH ITS YOUNG PEOPLE BECAUSE OF THE CITY SOPHISTICATION THAT THESE YOUTH ARE PICKING UP FROM URBAN IOWA. MY ORGANIZATION HAS RECEIVED NUMEROUS PHONE CALLS FROM RURAL IOWA, ASKING THE QUESTION WHAT CAN BE DONE ABOUT THE PROBLEMS INVOLVING RURAL YOUTH.
THE ABOVE STATEMENT IS SUPPORTED BY A COMMENT IN "IOWA'S FUTURE PROJECT"WORKSHOPS/SEMINARS WERE HELD THROUGHT IOWA) THAT STATED UNDER COMMUNITY DEVELOPMENT "ENCOURGAE URBAN SOCIAL SERVICE PROVIDERS TO LAUNCH OUTREACH PROGRAMS TO ASSIST LOW-INCOME, RURAL IOWANS." SUBCOMMITTEE MEMBERS, I AN ORIGINALLY FROM WASHINGTON, D.C. AND HAVE BEEN IN IOWA MOST OF MY ADULT LIFE AND FOR OVER A DECADE I HAVE BEEN TRYING TO RAISE THE CONSCIOUSNESS OF IOWANS TO THEIR IMPENDING RURAL TO URBAN TRANSITION. THIS MEETING TODAY IS ACLEAR EXAMPLE THAT WE ARE AT THE CROSSROADS OF A CRISIS ERA IF WE DO NOT RECOGNIZE THAT IF ANY IOWAN HAS A SUBSTANCE ABUSE PROBLEM ALL IOWANS HAVE A SUBSTANCCE ABUSE PROBLEM. THE ONE-BY-ONE MARCH TO WASHINGTON WAS A TESTIMONY TO THAT AFFECT.

I AM ONLY ONE MAN, AND RECENTLY I PROPOSED A FIVE POINT PLAN TO DEAL WITHE UPSURGE OF GANG AND DRUG PROBLEMS IN DES MOINES. I BELIEVE THAT THE PLAN OUTLINED BELOW WOULD HAVE POSITIVE AFFECTS NOT ONLY IN URBAN IOWA BUT THROUGHOUT THE RURAL COMMUNITITES AS WELL.

AROUND 125 YEARS AGO A REPRESENTATIVE FROM THE IOWA SENATE STARTED A PROCESS TO INSURE THAT ALL MEN ARE FREE AND ENTITLED TO LIFE. LIBERTY

AND THE PURSUIT OF HAPPINESS. THAT IOWA SENATOR STARTED MOTIONS ON THE FLOOR OF THE U.S. CAPITOL TO PASS THE EMANCIPATION PROCLAMATION WHICH GAVE BLACKS THEIR FREEDOM. IOWA HAS A LONG HISTORY OF HELPING INDIVIDUALS WHOSE DREAMS HAVE BEEN SHATTERED. A RECENT EXAMPLE OF THIS TRADITION HAS BEEN THE SUPPORT THAT IOWANS GAVE AFRICANS DURING THEIR RECENT TURMOIL, SUPPORT IOWANS HAVE GIVEN INDO-CHINESE, AND JUST RECENTLY THE CREATION OF THE COMMISSION ON THE STATUS OFBLACKS. STATE OFFICIALS HAVE RECENTLY SAID " THAT ONE OF THE MOST MAJOR CHANGES IN IOWA" FUTURE IS THAT THE STATE IS BECOMING MORE URBAN THAN RURAL". RECENT ACTIVITIES SUCH AS CRIME, DRUGS, MINORITTY EDUCATION, CHILD CARE, AND OTHER SOCIAL ECONOMIC FACTORS, CLEARLY SUPPORTS THE ABOVE TRANSITION. WE ARE PROUD THAT IOWA IS ONE OF THE FIRST STATES TO HAVE A SUCCESSFUL STATE LOTTERY PROGRAM. WE ALSO RECOGNIZE THAT ECONOMIC DEVELOPMENT WHICH THE MAJORITY OF THE PROCEEDS WENT TOO, HAS BENEFITED OUR STATE BUT WE FEEL THAT THERE IS AN ANOTHER ISSUE THAT NEEDS TO BE ADDRESSED. THAT ISSUE IS THE ISSUE OF DRUG ABUSE IN OUR STATE.

BEFORE I BEGIN MY CLOSING REMARKS, I WOULD LIKE TO THANK THE HUNDREDS OF VOLUNTEERS, JUNIOR LEAGUE OF DES MOINES, COMMUNITY PEOPLE, RELIGIOUS LEADERS, VARIOUS CORPORATIONS, AND DES MOINES SCHOOL SYSTEM, WHO HAVE MADE URBAN DREAMS A TREMENDOUS SUCCESS. IN ADDITION, I WOULD LIKE TO THANK DRAKE UNIVERISTY WHO HAS BEGUN AN PARTNERSHIP WITH URBAN DREAMS WITH A GOAL TO BUILD AN URBAN INSTITUTE WHICH WILL BENEFIT ALL IOWANS, RICH AND POOR, URBAN AND RURAL AND BLACK AND WHITE. SINCE ITS BEGINNING I TRULY BELIEVE IOWA HAS A VAST POOL OF SENSITIVE AND SUPPORTIVE INDIVIDUALS WHO REALLY CAN MAKE OUR STATE A BETTER PLACE TO LIVE IF THEY ARE PROPERLY INFORMED.

I HOPE THAT YOU HAVE LISTEN TO MY CONCERNS, NEEDS AND RECOMMENDATIONS. AGAIN, THANK YOU FOR THE OPPORTUNITY TO SPEAK ON THESE VERY IMPORTANT ISSUES.

URBAN DREAMS ANTI TEENAGE GANG PLAN

1. **DES MOINES' CORPORATIONS SHOULD GIVE INNER-CITY YOUTH JOBS SO THAT THEY DO NOT HAVE SO MUCH IDLE TIME.**

   A. Locate corporations that are sensitive to urban youth.

   B. Locate volunteers in those corporations who might want to volunteer in projects that can benefit these youth, such as mentoring, tutoring, recreation, and cultural activities.

   C. Sensitive corporations should form a consortium to develop a youth job training project in conjunction with Urban Dreams' award winning Youth Employment Training project, previously sponsored by the Junior League of Des Moines. Other interested human service organizations may be involved.

URBAN DREAMS ANTI TEENAGE GANG PLAN

2. URBAN DREAMS NEEDS $50,000 TO FINANCE A PROJECT TO WORK WITH YOUTHS WHO ARE LOOKING FOR ALTERNATIVES TO CRIME AND GANG MEMBERSHIP.

   IN SUPPORT OF THE BELOW BUDGET IS THIS QUOTE BY DONALD E. SANTOVELLI, PAST ADMINISTRATOR OF THE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION, "ALMOST HALF OR ALL FELONS ARE COMMITTED BY JUVENILES WHO HAVE COMMITTED NO CRIME, ARE BROUGHT UNNECESSARILY INTO THE CRIMINAL JUSTICE SYSTEM, TO THEIR DETRIMENT. WE HAVE A LARGE AND SERIOUS PROBLEM. IF WE GAVE MORE EFFORT IN DEALING WITH SOME OF THE NON-CRIMINAL NEEDS OF THESE YOUTHS--HEALTH NEEDS, EMPLOYMENT NEEDS, EDUCATIONAL NEEDS, RECREATIONAL AND ENVIRONMENTAL NEEDS--WE MIGHT NEED TO EXPEND MUCH LESS EFFORT IN DEALING WITH THEIR CRIMINAL ACTS""

URBAN DREAMS BUDGET

TEENAGE GANG SPECIALIST (FULLTIME)	$20,000
FICA/HEALTH INSURANCE	6,000
OUTREACH SPECIALIST (PARTTIME 20 HRS A WEEK)	7,000
TEENAGE PEER COUNSELORS (TWO PARTTIME)	5,000
TELEPHONE/BEEPER	1,000
TRANSPORTATION	1,000
ACTIVITY FUND	5,000
WORKSHOPS/HOTEL ACCOMMODATIONS ETC.	1,000
ADMINISTRATION COSTS	4,000
GRAND TOTAL	$50,000

3. **COMMUNITY COMMITMENTS HAVE BEEN MADE FOR THE DOWNTOWN YOUTH PROBLEM. SOME TYPE OF COMMITMENT NEEDS TO BE MADE TO INNER-CITY RESIDENTS.**

A. Inner-city basketball courts need lights

B, A roller skating rink should be built in the inner- city

C. Modernize inner-city school playgrounds and recreational parks

D. City of Des Moines Parks & Recreation Department needs an increase in funds to make their programs/projects more attractive to inner-city youth

E. City of Des Moines/Polk County governments should form a youth council that incorporates youths from all walks of life.

F. Corporation/city officials should bring in sports legends, entertainers, etc., to motivate inner city youth.

G. The Des Moines Chamber needs to select a group of aggressive and creative corporate to focus in on the Model City area in order to establish short and long range goals.

H. Corporations should show support for the new Drake University/Urban Dreams Community Research Institute, which will lead to a research facility, developing data and innovative urban, metropolitan, and rural programming in key issue areas.

I. Corporate support of Urban media programming

*Carrying out the above plans will ensure that the Model Cities community will again become an integral part of the community.

4. **A TASK FORCE COMPOSED OF COMMUNITY LEADERS, GANG LEADERS, AND POLITICIANS NEEDS TO BE ORGANIZED.**

A. Mayor Daley used this idea in Chicago over 20 years ago, as did the city of Philadelphia, who experienced gang problems in the mid 70's.

B. It is very important for all of us to recognize that the gang mentality is going to be in Des Moines for quite some time. We must set up a mechanism to work with them in an official way, as have urban centers in the past and today.

5. **A MEDIATOR SHOULD BE APPOINTED TO WORK WITH THE VARIOUS GANGS.**

Most urban cities in America that have gang problems, have brought in professional mediators, consultants, etc., to deal with the onslaught of killing that transforms our inner-cities into jungles. Research shows that a mediator with no official ties to a public entity can offer an information base, including critical research such as effective treatment for the psychology of gang mentality. We need to examine this possibility, which will clearly show that an ounce of prevention/knowledge is worth more that a pound of cure/no knowledge.

IDENTIFICATION OF GANG MEMBERS (AND POTENTIAL GANG MEMBERS)

A. THE YOUTH (12 - 21) WHO GENERALLY COME INTO URBAN DREAMS' DOORS ARE USUALLY SEEKING RECREATION OR EMPLOYMENT. HOWEVER, AFTER A FEW MINUTES OF TALKING WITH THESE YOUTH, IT BECOMES EVIDENT THAT MANY OF THESE YOUTH HAVE MULTIPLE PROBLEMS.

THE MAJOR PROBLEMS FACING THESE YOUTH ARE:

(1) LACK OF EDUCATION OR POOR EDUCATIONAL SKILLS, BECAUSE THEY HAVE DROPPED OUT, OR ARE NO LONGER WELCOME IN THE EDUCATION SYSTEM.

(2) FEW VOCATIONAL SKILLS OR OPPORTUNITIES FOR VOCATIONAL SKILLS, DUE TO LACK OF EDUCATION, MONEY OR INFORMATION AS TO THE ACQUISITION OF THESE SKILLS.

(3) POOR ATTITUDE DUE TO MONEY FAILURE, LOW ESTEEM AND BAD EXPERIENCES, CAUSING LACK OF INVOLVEMENT AND UNDERSTANDING OF COMMUNITY, GOVERNMENT, AND LAW PROCESS

(4) DIFFICULT FAMILY OR LIVING ARRANGEMENTS.

(5) COURT RECORD OR INSTITUTIONAL EXPERIENCE WHICH MAKES JOBS EVEN MORE DIFFICULT TO FIND.

(6) INACCESSIBILITY OF SERVICES DUE TO AGE AND CRITERIA BARRIERS.

(7) NO CONSTRUCTIVE RECREATIONAL OUTLET THAT CAN FOLLOW THE YOUTH FROM ONE GROWING STAGE TO ANOTHER IN THE AREA (A PLAY-REGARD FACTOR IS ALMOST NULL BECAUSE NO RECREATION PROGRAM IN THE AREA HAS CONSTANT ORGANIZATIONAL STRUCTURE THAT CAN FOLLOW THE YOUTH FROM ONE AGE GROUP TO ANOTHER.)

B. THE YOUNG PEOPLE THAT ARE AFFECTED BY THE ABOVE PROBLEMS FALL INTO VARIOUS CATEGORIES.

1. THOSE YOUTHS THAT ARE INDEED POOR, AND IN MANY CASES EMANCIPATED AT AGE 16, 17 OR EVEN YOUNGER, PRESENT MANY OF THE ABOVE PROBLEMS. THEY DO NOT HAVE THE MONEY TO EVEN TAKE CARE OF THE NECCESSITIES IN LIFE, ARE GENERALLY OUT OF SCHOOL, AND IN MANY CASES HAVE BEEN OUT FOR SEVERAL YEARS. Education is out of the question because they need money, yet most jobs ARE CLOSED TO THEIR LACK OF SKILLS, EDUCATION, AND EXPERIENCE. THESE COMPLEX SITUATIONS THEN TEND TO AGGRAVATE FAMILY RELATIONSHIPS DUE TO THE YOUTHS CONTINUED DEPENDENCY ON THEIR PARENTS.

URBAN DREAMS' FUTURE

YES, THE BELOW CAN BE THE END PRODUCT OF SOCIAL SERVICES DECENTRALIZATION INTO THE URBAN ENVIRONMENT--THE PHILADELPHIA NEIGHBORHOOD YOUTH RESOURCES CENTER DID IT TO DEAL WITH ITS 1974 GANG PROBLEM.

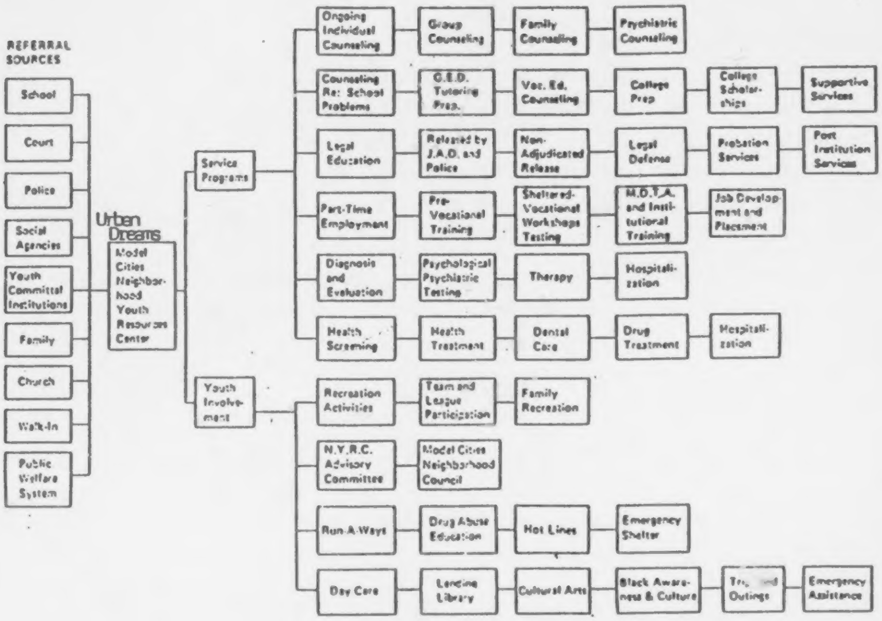


Figure 4
REFERRAL SOURCES

These agencies actually have referred youth to the program

These services are being offered to one or more youth in the program

REFERRAL SOURCES
School
Court
Police
Social Agencies
Youth Committal Institutions
Family
Church
Walk-In
Public Welfare System
Urban Dreams
Model Cities Neighborhood Youth Resources Center
Service Programs
Youth Involvement
Ongoing Individual Counseling
Group Counseling
Family Counseling
Psychiatric Counseling
Counseling Re: School Problems
G.E.D. Tutoring Prep.
Voc. Ed. Counseling
College Prep
College Scholarships
Supportive Services
Legal Education
Released by J.A.D. and Police
Non-Adjudicated Release
Legal Defense
Probation Services
Post Institution Services
Part-Time Employment
Pre-Vocational Training
Sheltered-Vocational Workshops Testing
M.D.T.A. and Institutional Training
Job Development and Placement
Diagnosis and Evaluation
Psychological Psychiatric Testing
Therapy
Hospitalization
Health Screening
Health Treatment
Dental Care
Drug Treatment
Hospitalization
Recreation Activities
Team and League Participation
Family Recreation
N.Y.R.C. Advisory Committee
Model Cities Neighborhood Council
Run-A-Ways
Drug Abuse Education
Hot Lines
Emergency Shelter
Day Care
Lending Library
Cultural Arts
Black Awareness & Culture
Tr[illegible] Outings
Emergency Assistance

It is the goal of Urban Dreams to impact upon every urban area in the state of Iowa.

STATEMENT OF SISTER MARGARET TOOMEY

Senator **Harkin**. Next I would like to introduce Sister Margaret Toomey, administrator of Homes of Oakridge, Des Moines.

Sister **Toomey**. Thank you, Senator, for the opportunity to speak to you about our community.

Homes of Oakridge is a federally subsidized housing project in the near downtown area of Des Moines. We have 35 buildings, 300 units on 17 acres of land. About 1½ years ago we started to see the influx of drugs into our community in a blatant way as well as the arrival of a lot of outsiders, out-of-staters.

Streets that had at nighttime been quiet started to boom with activity all night long. Within a short period of time it was very, very obvious that a network of drug trafficking had been set up. The single parent mother who was on ADC is particularly vulnerable to this kind of co-opting.

This problem continued escalating at such a fast pace, we were all in a daze from the way it had occurred. We started coping with it in a number of ways. We started coping with it by trying to get rid of it, by trying to get it out of our community, but not in any way that I feel is solving the problem.

A lot of help came from the Des Moines Police Department, the narcotics unit and their patrol unit. Without them we would not have been able to make any headway whatsoever. I also had to use my ability to evict or power to evict for noncompliance with rules and regulations. Even though I couldn't get an eviction out of the apartment for drugs, I could get it for other things if I knew this particular family was very much involved in drug transactions.

The sad part about it is the families were evicted. A single parent female had been co-opted and convinced to buy and sell drugs. When they were evicted and lost their home, a whole bunch of other children were displaced as well. That is sad. Drug abuse was involved and also child abuse, but we had to do this.

Another thing that kind of helped a little bit and which we are still trying to deal with is some effort of community organizing. There are a lot more residents willing to speak up. There are a lot more residents willing to get information to the right sources.

The residents who live in the Homes of Oakridge and places like that, housing projects like that, are out on the front lines, living in a situation day in and day out, 24 hours a day and consequently the risk value for them to stand up and be counted is very, very high.

Although in some ways we apparently seem to have rid the project of a number of the adult traffickers and pushers, there are still pockets that remain. But the worst tragedy that has occurred, and it is indeed a sad one, is what has been done to the juveniles and very young adults, particularly males, in the community.

Prior to this epidemic or invasion these youngsters were in school actively participating in programs and it looked as if they were going to make it through the system. But when some of these adult people came with their big cars and their money and their jewelry and their jargon and recruited young people to sell drugs for them, now we begin to see the loss of our teenage lives.

The adults are not as visible. The juveniles are very visible. We spend a great deal of time every night trying to control our streets and send the juveniles who do not leave their home and keep the juveniles who have gotten involved in some form of whatever this gang activity is taking and trashing, harassing, vandalizing, and menacing property and person.

I'm not sure yet how formed or how amorphous our gang activity is, but it is here. Because of the juvenile cult, we are having a terrible time doing anything to intervene in the lives of adolescents before they do something that is very violent and that will give them a record or will kill someone.

If only we could intervene and had stronger laws, it would help us intervene in the lives of youngsters that are just beginning to get into this whole drug thing. There is a hope that we could save them because there is so much peer pressure in the community right now for them to belong to the gang mentality and be participants in it.

I ask you if you do not believe me, drive through there some night about 1 or 2 in the morning. It is overwhelming and heartbreaking to see it. I'm talking about 8-year-olds and 9-year-olds and

10-year-olds and 11-year-olds who think this life-style is cool and this violence is tough.

Senator **Harkin**. Did you have anything else you wanted to add to that, Margaret?

Sister **Toomey**. No.

Senator **Harkin**. Thank you.

[The statement follows:]

STATEMENT OF SISTER MARGARET TOOMEY

In the last year and a half there has been a significant change in the drug problem as experienced by the Homes of Oakridge. About a year and a half ago, a number of things started to happen. There was an increase in the number of cars driving through the project and there was an increase in the number of outsiders moving about the complex. Activities that were non-existent after a certain hour of the evening began to continue throughout the night. Shortly thereafter, the drug trafficking became very blatant. Drug deals were transacted within the sight of anyone and everyone. In addition, drug pushers had established a network in the project, finding a number of willing households in which to conduct their business.

Single parent mothers are particularly vulnerable to this kind of exploitation due to their economic deprivation. Within a very short period of time it appeared as if the drug network had become firmly established in the Homes of Oakridge. The results of this network were, not only a number of outsiders transacting drug deals, but it also included a setup whereby there were "watch persons" who would notify various individuals if the Police or Oakridge Security were in the area.

The tragedy of this drug invasion was that a number of single parent households became co-opted into the drug network. The result of this is, of course, that a number of families had children doing without and being neglected while dope pushers were taken care of and had moved into the family space.

With the help of the Des Moines Police Department (Narcotics Unit and Patrol), Homes of Oakridge Security, staff and residents slowly started to combat the invasion. Several steps were undertaken. First, "No Loitering" signs were posted throughout the housing development which is a private non-profit housing development. Secondly, the residents were notified of the "No Loitering" policy. Cars that came into the area were notified by Security and/or the Police that they had to keep moving. If the cars returned the individuals were arrested, the cars ticketed and towed for trespassing. A criminal trespass procedure was also enforced. The individuals who were known to be involved in the drug trafficking were advised that they were not wanted on this private property, told to leave and if they returned they would be arrested. If the individual did return but was not able to be apprehended, Oakridge Security filed charges with the County Attorney's office as soon as possible. Along with these measures, the Narcotics Unit set up a number of drug busts which resulted in a number of individuals being arrested.

It was very difficult to secure large amounts of the drugs because the drug pushers sell out of one apartment, store in another and prepare in another. Therefore, the drug busts often resulted in small amounts of the drugs being confiscated, nevertheless individuals were arrested and others were scared off. In addition to these measures, the management and Security of Homes of Oakridge began eviction proceedings on any apartment that was known to be involved in drug trafficking using whatever means available - non-payment of rent, non-payment of charges - whatever was available to get rid of the drug traffickers.

It was not easy to get evictions initially through the Small Claims Court particularly for non-payment of rent, domestic violence, or non-payment of charges. Nor is it easy to obtain a conviction for drug trafficking. It takes along time for a household that is involved in drug trafficking to have charges filed against them or for a conviction tocome about as a result of their drug pushing. That is why it became extremely necessary that management move ahead and evict for whatever reason there was that would result in an eviction and rid the project of some of the traffickers.

Again and again it has to be emphasized that the great tragedy of this all is, of course, the children and families where drug usage and pushing have become so prevalent. Another factor that helped combat the drug scene was the assistance from residents. It came anonymously, by telephone. In the beginning a lot of the residents communicated information and did not want their names or involvement known. But as time went on, residents started not to care as much and to be willing to be known as objectors to the drug trafficking. This helped immensely and as a result of this involvement, the residents, staff, and community agencies and leaders met to organize an anti-drug rally. This particular event was the result of a resident's suggestion. Organizational meetings were held in the basement of Kyles AME Zion Church. The theme of the march and rally was "Up With Hope, Down With Dope". The march and rally took place on a Saturday and drew approximately 800-1000 people who marched through Oakridge, out into the surrounding neighborhoods, and back through Oakridge shouting "Up With Hope, Down With Dope". The rally took place at the Homes of Oakridge office with key leaders speaking: Larry Carter - NAACP, Chief William Moulder - Des Moines Police Department, James Smith - County Attorney, Almo Hawkins - Governor's Alliance on Substance Abuse, Reverend Roy Swann, Kyles AME Zion Church, James Underwood - President, Homes of Oakridge Boards of Directors, adult and youth residents. What this particular event did was to make a strong statement - the Homes of Oakridge housing development did not want the continuing exploitation to go on. It was also a statement from the entire Des Moines community that participated that they were lending their moral support to the housing development. The rally was a symbolic action but it was also a rallying point. A point of bringing together people and their concerns. The rally helped the Oakridge residents and staff not to feel isolated and alone in their endeavors to fight. With the involvement and participation of such community leaders as the Chief of Police, County Attorney and the Narcotics Unit it gave staff the courage to continue to fight to get rid of the drugs in the community.

The effort to remove the big drug traffickers was successful. A number of families were evicted and a number of individuals were put on criminal trespass. Today, that list remains intact and individuals who continue to try to come back into Oakridge to start up the drug trafficking again are put on criminal trespass and charges are filed against them if they do not respect the trespass notice.

Another sad part of this year and a half story is the recruitment by the adult drug traffickers of the younger population in the project. Of young people who were in school, doing well, working in our Skill Center, or involved in athletics sudden behavior changes became noticeable in a number of them. Adults into drugs recruited a number of young people to sell for them. Knowing that if the youngsters were caught, with the present juvenile code, the consequences would be less. Their efforts to recruit a number of teenagers (17 and under) were quite successful. And, to this day, a number of these young individuals have not retreated from the drug scene.

What has also accompanied this recruitment of young people to sell drugs was the influence of the whole gang mentality, the whole gang culture which has definitely moved into the City of Des Moines. And, has, without a question, attracted a number of young people. Although, the gang activity is not as blatant and as organized as it is in larger cities, there is evidence of it here. There is evidence of out-of-state recruitment, out-of-state involvement with the young people and there is a lot of evidence of their impact on the young people in our project.

In the last couple of months the biggest problems that Oakridge Security and management have had to deal with have been out of control juveniles. They have committed acts of violence against persons, acts of vandalism to property, theft, insubordination to parental authority and other authority figures. Security spends most of every evening trying to send juveniles home, residents and non-residents. It becomes a cat and mouse game for most of the night. There are some juveniles that, even though they live in Oakridge, do not go home. They either roam around all night long or find some apartment to flop in where there's a willing resident who will allow them to stay there. A number of time empty apartments have been broken into and juveniles have been found staying in them. There have been a number of recent incidents of violence to persons. The other night a pizza delivery man was not only robbed but mugged. A number of individuals have witnessed young people being initiated into gangs by undergoing 25 blows to the chest.

The sad part about the present situation is that there is very little that the law can do to stop juveniles who are involved in misdemeanors - like insubordination to authority, vandalism to property (unless its to a great extent). The Juvenile Code has made it almost impossible to pick up a juvenile who is recognized to be on the path to destruction. In order for a juvenile to be picked up they have to commit more than just a simple misdemeanor, have to almost commit a very serious felony against a person or property. In an attempt to protect juvenile rights the Juvenile Code has made it almost impossible to intervene in a juvenile's life who is making bad choices by their involvement in gang activities and with other types of negative behaviors. It is really very very sad that a juvenile has to commit a crime of a serious nature before they can really be picked up and get the necessary help, either away from the environment or with the necessary support services. Right now, that is our biggest problem; trying to intervene in the lives of those juveniles who have definitely chosen whatever amorphous kind of gang activity it is, who have chosen this lifestyle of insubordination, emancipation, negative behavior to persons and property. It is particularly sad to see individuals who were doing well in school, in different kinds of recreational and athletic programs, achieving, to see all that turned around.

There is no question that the juvenile has been influenced by the adult drug trafficker, their money, their style, their power, their prestige, and the way in which they commit violence. Again, although Des Moines does not have the problem to the extent that other cities have, the problem is serious enough and is growing more serious. The one thing that has given the Oakridge staff and residents the courage to go on is that more and more residents are helping. By giving information, being willing to stand up, and be witnesses if necessary. That is a hopeful note.

Of recent, some Oakridge staff and residents have spent a number of evenings just sitting in the project as a presence so they can assist Security by being there seeing and hearing and also to send a message to those youngsters and adults that this kind of negative activity is not wanted. We will not tolerate it and we want it to stop immediately. And to the parents of those juveniles, who are doing nothing to curb the negative activities of their youngsters, to send them a message that they have to act. Not to act is going to lead to some serious problems for their families.

Another thing that gives us a great deal of encouragement is a program that has been funded through the Governor's Alliance on Substance Abuse called Project HOPE. Although this program supports only one staff person, this person is spending a great deal of time trying to work with individuals and also to develop educational programs for the staff and residents, youth and parents. We need this program very much and we need more than one person helping us at this critical time in our life.

Homes of Oakridge is a high-risk population because of its economic deprivation. There are a number of young people - children, youth and young adults at risk. Vulnerable to the exploitation of drug pushers and their money. Project HOPE is about trying to intervene, to save lives, to help those who have gotten caught in the web to extricate themselves. To identify, for people who need help, where help is available. And to inform and educate residents and staff. We need to continue this kind of support for months to come. We also need to continue the involvement of the Des Moines Police Department as they work with the community in protecting Homes of Oakridge and ridding it of some of these problems. It is a critical time for Des Moines, a critical time for our housing project. It is a time of crisis, it is a time in which lives are being destroyed. It is a time in which intervention is necessary. We need to continue positive programs that will attract young people into them. We need to strengthen the family unit with all the supports necessary. It is a cliche that "the poor get poorer", but it is more difficult to survive today, because of a number of factors. For families to stay intact and not fall prey to the kind of illegal activities that have impacted so many families.

The task at hand is saving our children and families. We not only need treatment programs for families, but most of all, we need strong prevention programs that involve education and information; strong positive programs. We would appreciate, in any way your office, Senator Harkin and the federal government, can assist us in saving lives through prevention, intervention. We would appreciate any help in preserving the integrity of our housing development, which we all are so very proud of. Thank you for this opportunity to speak.

BIOGRAPHY OF SISTER MARGARET TOOMEY

Margaret Toomey was born in Chicago, Illinois. She attended the following colleges and universities:

Rosary College, River Forest, Illinois - BA English
University of Notre Dame - MA English

The following are additional studies at other universities for special courses:

Marquette University - Teaching of Reading courses
University of Southhampton - The Arts courses
University of San Anselmo - Pastoral Studies
Drake University - Accounting

She has taught at the following schools:

- Dominican High School, Whitefish Bay, Wisconsin - Eight years and chaired the English Department
- Edgewood High School, Madison, Wisconsin - Four years and chaired the English Department
- Mendata State Hospital - One year in Clinical Pastoral Education training

In 1975, Margaret came to Des Moines where she taught for three years at the Des Moines Area Community College (DMACC), both the Ankeny and Urban campuses. At DMACC she taught a course in Ethical Problems and worked in the Campus Ministry.

When Margaret came to Des Moines in 1975, she moved into the Homes of Oakridge where she resided for ten years.

Margaret became the Manager of Homes of Oakridge in April 1975 and is completing her fourteenth year as Manager.

Senator HARKIN. We thank you all very much. I just have a few questions I would like to go over for the record. To the two police chiefs, first of all, I wanted to thank you for that workday in Bettendorf, Chief Ploehn. That really was an eye-opener for me to see the firsthand problem and to see the courage of our law enforcement officers who go after the druggers.

To all of you here, Chief Ploehn had me go with a unit of his that had a court order. They got a search warrant to go in this house where there were suspected drug activities. And the officers went up to the door.

Of course, the door was locked and they had to bust the door in and, of course, you never know what is on the other side of that door. It could be someone hopped up on drugs with a loaded gun and they just didn't know it. At that moment I realized just how dangerous this occupation is and the work and the effort that goes into this by our law enforcement officials.

It turned out that there was a person in that house actually weighing out her cocaine at that time. I was surprised to read in your testimony that you picked her up again later and she is still not in prison. Why is that?

Mr. PLOEHN. She's out on bond. She has been able to post $10,000 in cash which I suppose typifies this existence that they are able to get that money to get right back out to keep doing what they need to get done. Unless we put a stop to that in some way or fashion, the lifestyle the sister has just told you about will continue to flourish. It just happens. It just keeps going.

Senator HARKIN. The other thing that got my attention that day aside from seeing the woman actually dealing drugs and what you had to go through to apprehend her, but when we went in the house, she had a daughter there. I think she was about 11 years old maybe.

Mr. PLOEHN. It was a boy.

Senator HARKIN. It was a boy. About 11 years old?

Mr. PLOEHN. Seven.

Senator HARKIN. Seven-year-old boy in the house watching his mother deal in drugs, watching the police break down the door, handcuff his mother and take them down to the police station. I was down there later watching her being booked in the holding room and here is this kid 7 years old. You wonder what kind of chance this kid has got.

My strong feeling is that we have got to do something on the education side too or that kid is going to pick up the same habits, the same traits and think this is a lifestyle that is normal, something they should take up. So it is a two-pronged attack. What really shocked me was seeing that young kid sitting there watching all this happen. You wonder what kind of chance that kid has.

How has the drug problem changed in terms of different kinds of drugs? I ask the two police chiefs. In the last few years, have you seen changes in the kinds of drugs or has it basically remained the same?

Mr. **Moulder**. One of the things we are seeing, crack cocaine seems to be a rather unique drug in our experience. It is very addictive. The pharmacology is such that the experts are telling us people can become addicted in one or two attempts with that drug. And we see many prominent figures, that it has completely controlled their mind and their life. We have seen evidence of that.

But the fact is that it's very inexpensive to make, doesn't require sophisticated equipment. It's very easy to transport. It's very small and it's easy to use. It's not like heroin was in the past where you had to inject it. It's something you can sniff or smoke. It's not hard to take.

Senator **Harkin**. This is crack?

Mr. **Moulder**. Right. This has been the most compelling aspect of this drug as opposed to some of the previous ones we have experienced such as heroin where the form of taking that drug was much more distasteful where it had to be injected.

The insidiousness of crack cocaine is the fact that the dealers, as Sister Toomey has experienced in Homes of Oakridge, fully know they can give it away to begin with and they will hook their customers and the customers will keep coming back. In study after study we see people who swear they would marry cocaine, crack, if they could. They have become so attached to it. That's the problem that is different.

Senator **Harkin**. Anything else, Chief Ploehn?

Mr. **Ploehn**. I think we have seen primarily an increase in cocaine we had never seen before. And contrary, I suppose, to Wayne's analogy, we are primarily a white community and so, as he pointed out, the drug problem just isn't a black problem or a white problem. It's everybody's problem. We have seen more cocaine in the last couple years than we have ever seen. That would probably be the primary drug we have seen.

Senator **Harkin**. Mr. Mullin, you represent a county in northwest Iowa that is both rural and urban. What do you see happening in the rural areas? Is this more of an urban problem or what is happening out in your rural areas?

Mr. **Mullin**. The problem in our county, Woodbury County, is primarily in the Sioux City metropolitan area. And when we have a push against drug dealers in Sioux City, we find the street rumors seem to be coming back telling us a lot of drug dealers in Sioux City are moving out into the county.

It's starting to get a little too hot for some of them in the city. They are going out into the county. One of the problems of the county is that the sheriff's departments and smaller town law enforcement departments don't have as much expertise and experience dealing with drug trafficking as do some larger city police departments. That's one problem.

Another problem is it's more difficult to blend in in rural areas, more difficult for law enforcement people to blend in to go undercover in an area where everybody knows where everyone else is, where you might be able to see somebody driving over a crest of a hill several miles away. It's difficult. Those are just two of the problems. Drugs are definitely getting out into the rural areas. It's not just an urban problem. It's a rural problem.

Senator, one thing I hope you take back with you to Washington is this. I know that in some places in the country drug problems have gotten so out of hand and completely entrenched and God knows what they are going to do about them.

But I think there is a chance in Iowa, in most of Iowa and maybe in all of Iowa, to really reverse the trends. If we act quickly enough and if we take stern enough and strong enough measures, there is a problem and I think that's a good place to spend money. It's a good priority to spend money where you can really do something about a problem. I think Iowans want to do something about the problem.

Senator **HARKIN**. I see heads nodding. Do you agree with that, Chief Moulder?

Mr. **MOULDER**. I think Iowa is at the point where they can recover. Unquestionably they can do it. It's not so entrenched as it has been in Philadelphia and Los Angeles.

Senator **HARKIN**. Again, Mr. Ford, you talked a five-point plan. Will you give that to me for the record so I can take a look at that? Also in your statement you actually quoted Surgeon General Koop about empowering local organizations to fight this problem. You then cited a lack of staff.

I am somewhat knowledgeable about Urban Dreams from what you have told me personally when you were in Washington. How do we empower these local organizations? Can you tell me what you mean by that? What tools do you need as a local organization?

Mr. **FORD**. Senator, I'm talking about something more than money. Basically when I first started Urban Dreams in 1984, I had a staff of just two volunteers. Right now I have a staff of 13 people, but 10 of those people are part time because I can't raise enough money for these people to go out into the community full time.

Basically empowerment to me for inner-city organizations in Des Moines and Davenport and Waterloo means credibility. Iowa is still a traditional State. Iowa has had some bad experiences with inner-city organizations in the last 20 years. That ripple effect has effected a new breed of inner-city organizations around the State.

I think part of it is a little racism, Senator. I think most inner-city organizations are located in black communities in Waterloo, Des Moines, whatever. Many traditional funding corporations or call it what you want have a long-time respect of the credibility of these little so-called fly-by-night organizations.

Urban Dreams was considered a fly-by-night organization 5 years ago. We have won State, national and local awards, but here is the reality. Our largest piece of money comes from Minnesota. No one in the State of Iowa would invest in a program that has won national, local, and State awards.

Senator **Harkin**. Where are you getting money from in Minnesota?

Mr. **Ford**. Northwest Area Foundation has funded Urban Dreams $150,000 for 3 years. They are saying, Senator, "As soon as your 3-year goal is over, we want you to bring Urban Dreams to a true urban city." I am saying Des Moines is an urban city. I have been saying it for the last decade I have been here. The country wants Urban Dreams. The country is willing to invest in Urban Dreams, but it's hard for me to find dollars in Des Moines. If I had a full-time staff, I would go on TV and say I could turn around some of the inner-city problems.

If we are competing against traditional organizations, though, I believe all those organizations must be judged by productivity. I think very few organizations in the city of Des Moines can compete with Urban Dreams' impact on the inner city or inner cities of the State of Iowa.

Senator **Harkin**. You mentioned in your five-point plan, one of them was doing something about inner-city residents. Sister Toomey talked about Homes of Oakridge. I'm not all that familiar with Homes of Oakridge. Quite frankly I have to admit I have never been there. But you talk about these kids wandering around at night, juveniles. That's what you were talking about.

Are there outlets for them? Are there organizations that can pull them together for sports or activities, things like that to get them involved in an organized place so they aren't roaming around?

Sister **Toomey**. To answer that, there are a number of those kinds of programs that are available. Those kinds of programs—at Homes of Oakridge there are too. Those kinds of programs need to continue to be there. And they are always called software programs and are facing failure to come up with community development block grant money, the danger of those being wiped out.

There was some effort on the part of some city council people, at least one individual that said, "This year we are only going to fund hardware programs." The worst time in the whole history of Des Moines and the State of Iowa would be to neglect high-risk populations with the kinds of programs that you are talking about.

The problem is, we in those programs are competing with gang people for recruitment. We are offering them participation in cultural, educational, athletic programs and they are offering them a lifestyle and a roll of bills every single day. It's rough to compete with. It's very rough to compete with.

I also want to say cocaine was long prevalent before it really impacted us in the crack cocaine form. Of course, it became available in the community because it was—now the crack form so much easier to buy.

But it is devastating low-income communities and in some ways low-income communities, extremely depressed communities, are high-minority communities. You talk about slavery. The greatest slavery we will ever experience is this cocaine crack and the way it has invaded our communities. I think it needs to be looked at also in terms of that kind of perspective. Who has been pushing it into our communities?

Senator HARKIN. You said there were some programs for these young people. Where do the funds come from? Is it city? Is it local? Is it State? Is it Federal? Where is it coming from?

Sister TOOMEY. Right now we have a number of very possible programs to be funded through, United Way of Central Iowa, Community Development Block Grant funds. Over the years there has been tremendous support from individuals, various kinds of grants from churches and local groups. But every year we face the struggle that those funds will go toward something other than people programs.

Senator HARKIN. With Urban Dreams, do you get involved with Homes of Oakridge at all?

Mr. FORD. Some programs. Sister Toomey is right, Senator. We are trying so hard to struggle to keep $1 and the competition is so great for $1 that a lot of times me and the sister are out there trying to raise money instead of working together.

Same problem you have in Washington, DC with trying to get support from community is the same problem that I and the sister have. We have done some things together. She is out there raising money. I am out here raising money and to ensure productivity we should be working together.

Senator HARKIN. Who owns Homes of Oakridge?

Sister TOOMEY. Homes of Oakridge was originally built by Des Moines Area Council of Churches now known as the Des Moines Religious Council. They were the private, nonprofit sponsors. It is owned by its own board of directors which is a nonprofit board of directors.

Senator HARKIN. How many people live there?

Sister TOOMEY. About 800 of which about one-half of that number are children. More than one-half of 17 and under are 5 years of age and under. This is the first year we have had 15- and 16-year-olds come as emancipated single parents with children to rent apartments. That's on to something else.

Senator HARKIN. So as far as you know there are no flow-through of Federal funds that come to Homes of Oakridge?

Sister TOOMEY. We do get Community Development Block Grant funds. There has been a tremendous support, but it's going to be challenged. Software programs are going to be challenged this year. They call them software programs. I don't call them software programs.

Also the Governor's Alliance on Substance Abuse does provide for one staff person in the Homes of Oakridge to do education, prevention and that's an awful lot to do for one person to try to pull that together, staff education, resident education, youth prevention.

There are so many youngsters out there that are being forced to get involved in these negative behaviors and activities. They are being forced. Right now unless there's some help in order to remove them from the environment for a period of time where they can kind of get themselves together, they are going to be forced into gangs. Some choose it. Some are forced. A whole group of our residents witnessed the initiation of a 12-year-old into a gang, 25 blows to the chest.

Senator HARKIN. I read that in your testimony. I need to determine what is being done to organize these young people. I know of an individual who owns some low-income housing, and it's not in this State, who has made a personal effort to organize the young people within the housing development.

He has organized sports programs during the summertime: he sends children in the projects out of State. They compete with other low-income housing units in other States. I am going to find out and see if we can have that kind of thing here because kids need some outlet for that energy. If it's organized and channeled and if there's rewards for that effort, I think you can do a lot toward getting kids away from gangs.

Sister TOOMEY. We do have all of those kinds of activities, but I will tell you in the last couple years you see youth turn away from those kinds of activities for this other choice, for wearing the colors and participating in gang activities. We have all sorts of programs, camperships, scholarships, support from churches, organized seasonal sport activities. We have track teams, but the participation is down because this other thing is much more attractive.

Senator HARKIN. Do you need counseling?

Sister TOOMEY. Do we need counseling?

Senator HARKIN. Yes.

Sister TOOMEY. We need more prevention programs, preventative, so we can intervene in some of these young people's lives and not have to wait until they kill someone. Right now at Meyer Hall there are four juveniles who have committed murders.

Senator HARKIN. Let me get into the question of the link between drugs and crime. Chief Ploehn, you said in your testimony that prosecution—should be swift and harsh. But here is this person that I came in contact with that has been arrested again and is still out on bail. County Attorney Mullin, why can't we get swift prosecution?

Mr. MULLIN. I think prosecution is getting swifter in Iowa. The Iowa courts have changed their rules, the speedy trial rules. I don't think it's so much a strict prosecution problem as it is a problem of people charged on drugs getting out on bail. It's fairly easy to get out on bail, especially if you've probably got $100,000 or $200,000 stashed away someplace.

That's one of the real problems. People have the right to not to have to wait an excessive amount of time for trial. That's one of the problems we have got. That's why they are out. A lot of times drug dealers while they are out are awaiting trial. I don't know what more you can do about speeding up the process. I think that has to be the concern of local prosecution offices and local law enforcement agencies to say that they are going to speed it up as quickly as they can. I'm not sure what more Government can do to speed it up.

Senator HARKIN. I am concerned about this training aspect. We talked about that when I was in Bettendorf before. I am going to ask Chief Moulder about that. In the past, we had the LEAA Program. Is there a need to renovate that program to have better training for police officers in terms of identification, interdiction, arrests?

Mr. MOULDER. I think Chief Ploehn and I have some of the same experience. We have both benefited substantially from LEAA training.

Senator HARKIN. Did you go through LEAA training?

Mr. MOULDER. Certainly. I was able to take a master's training because of LEAA. City of Des Moines and most police departments provide some incentive for people to get additional training. We match or we provide up to $600 a year for police officers to go to school, recognized schools. But that's only a small portion of what is needed and LEAA provided probably the basic foundation for the middle and upper management law enforcement people in the profession today.

I know in Des Moines we are not seeing the same numbers of officers that go to college as we saw 10, 15 years ago. I'm sure the problem is the same in Bettendorf and many other places. But it was an excellent resource to increase the skills of law enforcement and the individual officers.

Mr. PLOEHN. I might jump in, Senator. I want to say that LEAA allowed me to go through college and choose a career in law enforcement and I have stayed in that. I think that was the foundation which started, I think, the focus on the more professional officer. But I think all of us experience the problems that we simply don't have the manpower to go after this problem and all the other problems that we are forced to deal with.

I think there's nobody in this room that doesn't figure out that if we were to solve the drug problem in this country, we would probably solve our crime problem. They just mesh together perfectly. Burglaries are caused by drug addicts, automobile accidents, the whole works. It's a snowball effect.

If we attack it I'm sure we are all going to see lower crime rates, but we are going to need, as everybody in this room needs, more manpower, more people. Some radical things have to take place in order for that to happen.

Senator HARKIN. How do drugs get into Iowa? How do they get here? Drugs aren't made here, are they? Do most of them come in from outside the State? I remember when I did that workday with Chief Ploehn, he had an informant who talked about the drugs coming in from Florida. I said, "How do you get them here?" I was surprised at his answer. He said, "Federal Express."

Mr. PLOEHN. A lot at the airport. We just had a case last Thursday where a fellow was buying brand new luggage, filling it up with marijuana. This was a case where he had five suitcases flown from Phoenix to Moline, the Quad Cities and threw perfume all over the marijuana to try to throw the scent off if the scent dog might be there, brand new suitcases.

We suspected—as Mr. Mullin mentioned, we suspect that—after his arrest he posted a cash bond and we probably missed the majority of the money and we got $22,000 in cash. We know we missed the majority of the money.

So it comes from all over. That came from Phoenix to one individual. There are ties that anybody has in any community to any different community, Los Angeles, Miami, New York. It could come any way. We are such a mobile society. It could happen anywhere.

Senator HARKIN. Do we have the personnel and equipment to control drugs from coming into Iowa?

Mr. **Mullin**. The U.S. Government can't even do a very good job of controlling it coming into the borders. It comes up by interstate, by air, by Federal Express, probably U.S. Post Office, by car.

Senator, I hope you will do your thinking in Washington about legislation. What we need are no quick fixes here. This is a long-term problem. It's going to be with us a long time and we need some solutions that are geared toward the long term rather than the short term.

Senator **Harkin**. I take that to heart. We are a country and we are a people that like to tackle something and get it over with in a hurry. The drug problem is something that is going to take a long-term commitment in terms of interdiction, education—getting the kids educated early on, get them into good solid education programs—treatment and rehabilitation programs.

The growth of the problem in Iowa, what has happened over just the last few years just scares me. I never thought it could spread that fast around the State of Iowa, but it is.

Do you have anything you would like to add that I haven't touched on?

Mr. **Ford**. Senator, it seems like for the last 3 or 4 years community organizations like Urban Dreams are all competing against the police system or police force or whatever. I want to make it clear to you that the police force, the police in Des Moines, Iowa have their job to do. Community organizations have their job to do. It seems like I'm always competing against the police for dollars or whatever. I think a distinction needs to be made.

In Washington, DC, as you know, they talk about bringing the armed guard, National Guard, to Washington, DC to deal with the cocaine problem. I'm here to let you know we have dedicated volunteers who are risking their lives every day.

Urban Dreams is open every night on the most volatile street, I think, in the State of Iowa. We are open at night, not in the daytime. What I'm trying to say is we have dedicated volunteers who, if given a chance, could work for a decent salary instead of part time dedicating their lives. It would be a way to deal with this country's drug problem.

We are overlooked. We are the last bastion of hope for many street people. The Surgeon General supports this. Until legislators in the country recognize that inner city organizations turn around Harlem, turn around Boston, turn around store-front organizations—it is the beginning of a social tide here. We need to start going back to them and look at it.

Senator **Harkin**. Thank you. Mr. Mullin, I may take you up on your offer. I have seen the enforcement side of the war against drugs. But I have never seen the prosecution side. I could get a clearer picture of how prosecution takes place and how long it takes and some of the problems you face.

Mr. **Mullin**. I would like to have you up.

Senator **Harkin**. Thank you very much. The next panel will begin in 10 minutes.

[Brief recess.]

STATEMENTS OF:

STANLEY ROMANS, MAYOR, MASON CITY, IOWA

CAROL LENSING, CURRICULUM COORDINATOR FOR DRUG PREVENTION EDUCATION, CEDAR RAPIDS PUBLIC SCHOOLS

PAUL HEDQUIST, DIRECTOR OF PERSONNEL AND PROGRAMS, DES MOINES AREA NATIONAL COUNCIL ON ALCOHOLISM AND OTHER DRUG DEPENDENCIES

DENA GRAY RASKE, ADMINISTRATIVE ASSISTANT, GOVERNOR'S ALLIANCE ON SUBSTANCE ABUSE

EDUCATION AND PREVENTION

Senator HARKIN. The subcommittee will resume. I will ask the second panel to take their seats. Our second panel deals with education and prevention. We are honored to have on this panel Stanley Romans, distinguished mayor of Mason City; Carol Lensing, curriculum coordinator for drug prevention education, Cedar Rapids Public Schools; Paul Hedquist, director of personnel and programs, Des Moines Area National Council on Alcoholism and Other Drug Dependencies; and Dena Gray Raske, Governor's Alliance on Substance Abuse.

The last panel discussed the scope of the problem. Now we are moving into an area over which my appropriations subcommittee has jurisdiction—and funding jurisdiction—over the education and prevention area.

STATEMENT OF MAYOR STANLEY ROMANS

I am anxious to hear from you about what you have been doing in your communities, how these programs work and suggestions you might have that I should look at when we start marking up our bill in September. I recognize the distinguished mayor of Mason City, Mr. Romans.

Mr. ROMANS. Thank you, Senator Harkin, for asking us here. This is certainly a once-in-a-lifetime opportunity to talk about a problem that is close to all of our hearts. I want you to know the drug problem is an example of the firm partnership that should be established between Federal and local officials.

DRUG ABUSE RESISTANCE EDUCATION [DARE]

Keep the Federal money coming. We want you to know we have 700 youngsters in Mason City saying no to drugs in partnership with our police department. We are winning the war on drugs. The Drug Abuse Resistance Education [DARE] Program should be implemented immediately statewide and cooperation is the key.

We should have no turf battles and what works, Senator Harkin, is schools without drugs. There should be a Federal or State law passed immediately calling for zero tolerance in our schools.

Now, drug and alcohol abuse has cut a wide path through the heart of our Nation and none of us are untouched. DARE is a cooperative venture between law enforcement and school officials.

This 17-week curriculum is targeted at fifth grade level students and taught by police officers. The reason for its success is that the program utilizes three key ingredients, parents, police department, and a formal school setting.

The focus of the program is on peer resistance training, self-concept improvement and valued judgments about respect for law and personal safety. DARE provides accurate information on alcohol and drugs, teaches decisionmaking skills, shows students how to resist peer pressure and gives ideas for alternatives to drug abuse.

Their instructors employ a variety of activity-oriented techniques to involve students in group discussions, a healthy exchange of ideas and feelings and role-playing exercises. A DARE question box is made available for students to submit questions or information on an anonymous basis.

This approach has prompted reports from our students, Senator, involving physical and sexual abuse of children. Our youngsters come in confidence with this police officer and they tell him things that are amazing.

Parents, teachers, and school administrators also benefit from the program. Instructors hold special workshops highlighting the symptoms of substance abuse, how to intervene and where to seek assistance. In Mason City these workshops have been presented in cooperation with the Chemical Dependency Services of North Iowa.

The DARE Program was developed with two important components in mind. Prevention education. The DARE Program sessions are designed to extend and reinforce conduct and health being taught by the regular classroom teacher.

Intervention. A school-based prevention-intervention component that is designed to provide procedures and strategies for the identification, early intervention and care and support for students whose school performance and behavior may be indicative of a substance abuse problem and other crises.

DARE is a new approach to educating young people. Based on recent research, the traditional scare tactics that preach the harmfulness of drug abuse are de-emphasized. Kids don't want to be told what to do, Senator. Instead they want to act grown up. They know more about life than probably we do. Many of them think smoking, drinking or using exotic drugs are passports to adulthood.

DARE tries to teach students what being grown up really means, not giving in to peer pressure, making your own decisions and learning to cope with life's problems in positive ways. The DARE Program is proactive rather than reactive in that the supply of drugs will be reduced directly by less demand.

The proposed goals of DARE are to keep healthy people healthy, promote decisionmaking skills in all situations and overall reduction in criminality. Research programs indicate that the DARE Program works.

In the fall of 1987 Mason City launched the first DARE Program in the State of Iowa. The initial pilot project included two Mason City elementary schools. The outgrowth of response prompted the Mason City DARE effort to expand its present status, which now includes all Mason City schools.

Since the pilot project began, over 450 students have completed the program in Mason City and are saying no to drugs. They are in partnership with our police department. They like our police department now. That's not their enemy. The progressive strides we have made in substance abuse prevention have inspired us to be a thriving model city, Mason City.

Thank you, Senator Harkin, for this opportunity.

Senator **Harkin**. Thank you very much, Doctor Romans, and thank you for the leadership you provided in Mason City on this program.

[The statement follows:]

STATEMENT OF MAYOR STANLEY C. ROMANS

Drugs and alcohol abuse has cut a wide path through the heart of our nation and none of us are untouched. The cost of substance abuse .. in lives, in quality of life, in opportunities foregone, even in so dispassionate a measure as dollars, cannot be adequately tallied.

Until recently, law enforcement has concentrated on stopping the supply of drugs. We now recognize that substance abuse is more successfully addressed by stemming the demand. The only way to put drug suppliers out of business is through the proper balance of enforcement and education which results in increased risks and reduced profits for the suppliers. This realization has resulted in the implementation of the Drug Abuse Resistance Education or D.A.R.E. program.

D.A.R.E. is a preventive program established in Mason City, Iowa in 1987. As a result of an intensive study of numerous drug education programs the D.A.R.E. curriculum was chosen. This 17 week curriculum is targeted at 5th grade level students and taught by police officers.

D.A.R.E. is a cooperative venture between law enforcement and school officials. The reason for its success is that the program utilizes three key ingredients: parents, police, and a formal school setting. The focus of the program is on peer resistance training, self-concept improvement, and valued judgments about respect for the law and personal safety. D.A.R.E. provides accurate information on alcohol and drugs, teaches decision-making skills, shows students how to resist peer pressure and gives ideas for alternatives to drug abuse.

D.A.R.E. instructors employ a variety of activity-oriented techniques to involve students in group discussions, a healthy exchange of ideas and feelings, and role playing exercises. A D.A.R.E. question box is made available for students to submit questions or information on an anonymous basis. This approach has prompted reports involving physical and sexual abuse of children. D.A.R.E. instructors also ask a review question at the beginning of each lesson and the student that responds correctly receives the D.A.R.E. Bear (stuffed toy). This not only functions as an incentive for the students to listen and pay attention but also builds self-esteem and promotes sharing. Each student receives a D.A.R.E. workbook which is utilized to enhance the curriculum and to inspire enthusiasm toward the program the students also receive specialty items such as t-shirts, pins, pencils, and balloons.

Parents, teachers and school administrators also benefit from the program. Instructors hold special workshops highlighting the symptoms of substance abuse, how to intervene and where to seek assistance. In Mason City, these workshops have been presented in cooperation with the Chemical Dependency Services of North Iowa. Presentations on basic safety issues are also made to Kindergarten through 4th grade level students.

An instructional guide for Project D.A.R.E. has also been developed to assist police officers, school administrators and teachers in the planning and implementation of a drug abuse resistance education program for students.

The D.A.R.E. program was developed with two important components in mind:

PREVENTION EDUCATION

The D.A.R.E. Program sessions are designed to extend and reinforce the instructional content in health being taught by the regular classroom teacher. The classroom teacher should maintain a supportive role in classroom management. The classroom teacher should incorporate D.A.R.E program participation by students as an integral part of the student's final evaluation for the health course.

INTERVENTION

A school based prevention/intervention component that is designed to provide procedures and strategies for the identification, early intervention and after-care support of students whose school performance and behavior may be indicative of a substance abuse problem or other crises.

D.A.R.E. is a new approach to educating young people. Based on recent research, the traditional scare tactics that preach the harm of drug abuse are de-emphasized. Kids don't want to be told what not to do. Instead, they want to act grown-up. Many of them think smoking, drinking and using exotic drugs are passports to adulthood.

D.A.R.E. tries to teach students what being grown-up really means, not giving in to peer pressure, making your own decisions and learning to cope with life's problems in positive ways.

One of the unique features of D.A.R.E. is the use of police officers as instructors. D.A.R.E. Officers are assigned to a classroom beat. Officers selected for the program have been carefully screened and are talented in human relations and communication skills.

D.A.R.E. instructors not only meet once weekly with the students in the classroom to present the instructional unit, but also interact in the lunchroom, at recess and during various off campus activities. Instructors are not in the school to infringe on teachers' jobs, for enforcement purposes or for any covert activity. Instead, they serve as a new role model and resource.

The D.A.R.E. program is proactive rather than reactive in that the supply of drugs will be reduced directly by less demand. The proposed goals of D.A.R.E. are to keep healthy people healthy, more positive identification with police, improved decision-making skills in all life situations and an overall reduction in criminality.

Research of program graduates indicates a greater respect for authority, improved study habits, higher grades and less involvement in drug abuse and crime. Classroom teachers also indicate that there is less absenteeism on D.A.R.E. class day. In short, this positive program of drug prevention is successful.

In the Fall of 1987, Mason City launched the first D.A.R.E. program in the State of Iowa. The initial pilot project included two Mason City elementary schools. The outgrowth of student response and compelling support among parents, teachers and school administrators had prompted the Mason City D.A.R.E. effort to expand to its present status which includes all Mason City elementary schools. Since the pilot project began, over 450 students have completed the program in Mason City and are saying "NO" to drugs. Mason City also now has two D.A.R.E. officers.

The progressive strides that we have made in substance abuse prevention, have aspired this to be a thriving "MODEL CITY" where people really care.

As you know, drug abuse often begins with a DARE, and in Mason City, we are doing something about it with D.A.R.E. by transmitting the firm, consistent message that: Drug use is wrong, dangerous, and will not be tolerated in our community. Together we can have an impact on our future... the children of Mason City.

The concept of the D.A.R.E. program is straightforward and simple it is D.A.R.E. TO SAY NO!

STATEMENT OF CAROL LENSING

Senator HARKIN. Next Carol Lensing, curriculum coordinator for drug prevention education, Cedar Rapids Public Schools.

Miss LENSING. Thank you, Senator Harkin, for the opportunity to be here today and represent the Cedar Rapids Community School District and many, many other public school districts.

Substance abuse education in our schools is not a new issue. However, I think today schools are faced with a greater responsibility in this area than ever before because in many, many cases the school is the only stabilizing force in the life of a young person, many of our young people.

Approaches to drug education or substance abuse education have changed a lot over the years. As Doctor Romans indicated, the scare tactics approach and just giving kids facts has been proven no longer works by itself. Rather schools need to find a program that teaches basic social competency skills such as decisionmaking, certifiable skills and so forth.

The other component is it must be a linking endeavor with schools and parents all working together rather than blaming one another for the problem that exists. The schools oftentimes end up as the brunt of a lot of that blame because the parents and everyone say, "The schools have them all day. Why can't you handle that problem?"

In Cedar Rapids we have tried to deal with this approach using the approach of teaching the social competency skills and also trying to network our schools, parents, and community.

As a result of the Drug-Free Schools and Community Act, for one example, we have trained teams of people from each of our buildings at elementary, middle, and high school level. Those teams are composed of certified and noncertified staff, administrators, parents, and community representatives that are based in the location of the school to assist in that networking effort.

We have done a second layer of training of those people. They act in the schools helping to infuse the curriculum and ingrain curriculum efforts as well as to provide inservice training of staff members and some intervention and referral services through the counseling guidance areas out into the community agencies.

That was one of the priorities that our advisory committee at the beginning of the inception of that money decided was the key priority for our area, that it be a joint effort, that it not just be the schools that take on the brunt of this and use that funding that way but rather we use the broad-based training program.

That is one of the components that research has indicated does work, skills-based curriculum, training component that involves both school, community and parents, a long-term comprehensive program K through 12 teaching children at the kindergarten level refusal skills and providing children with an opportunity to practice those refusal skills in a safe and trusting environment in the school long before they are faced with actually having to make it in their life as a middle school-aged child.

We are really talking about young people with an average age starting to drink at 12.3 years of age nationwide. We need to address them long before they get to be 12.3 years of age. We need to talk with them and help them with these skills and grow in their self-esteem and believe in themselves long before that time.

That has been our effort. That is where we are heading. We know we have only just taken a big step in that direction, but we firmly believe in drug-free schools. We are making a tremendous effort not only in our district but many, many districts are assisting with that because the school districts by themselves do not have the funds. So it has been a tremendous asset and it is our hope that it will continue and strengthened. Thank you.

Senator HARKIN. Thank you very much, Carol.

[The statement follows:]

STATEMENT OF CAROL LENSING

Substance abuse education is not a new topic in the arena of public education. It has been a part of comprehensive curriculums in progressive school districts for many years. The difference over the years has been the approach to the teaching of substance abuse education and the prevention thrust within recent years. In the Cedar Rapids Community School district, a wide variety of approaches to drug education have been used as well. Probably the most widely used approach in our district as well as in most districts, I presume, is the use of facts in teaching about substance use/abuse with the mentality that surely if young people know the facts about drugs, they won't use drugs. Within the past three or four years, research has proven that facts alone don't prevent young people from using drugs- that, in fact, it is a much more comprehensive and long term approach which is skill-based which seems to make the difference in young people deciding to use or not to use. The Cedar Rapids Community School district believes firmly in the above listed approach to substance abuse education and is actively involved in assessing, revising, and organizing a positive prevention program in our schools. The passing of the Drug Free Schools and Communities Act of 1986 and resultant release of federal monies to local school districts for use in drug abuse education and prevention programs has been very instrumental to the Cedar Rapids Community Schools in the above process of assessing our current program, revising and studying current research in this area, and making decisions regarding the establishment of a K-12 comprehensive drug education curriculum and program in our schools.

With the onset of the first year of funding through the Drug Free Schools & Communities Act (1987-88 school year), came the formation of our local advisory committee as was stipulated in the DFSC Act and the initial assessment of current programming. The advisory committee was selected so as to represent a wide range of school & community backgrounds with interests in drug education in the school/community setting. The committee is composed of members representing the medical community, the juvenile court system, law enforcement, the religious community, the school board, the minority population, the local agencies, and the school district staff and administration. The first task of the advisory committee was to look at the district's initial assessment and ranking of district needs. From that information, they then established a set of priorities for the schools district and community to accomplish within the next three years (from July 1987- June 1990). Attached to this testimony you will find a copy of the initial planning document which was used to determine the priorities for our district's drug free schools monies for the three year period noted above.

One of the things that was evident from the very beginning of our planning regarding the Drug Free funds that were available was that our advisory committee and district personnel involved felt it was essential that the schools, parents, and community work together in our prevention/education efforts. It is with this information as background, that the decision was made to fund the formation and staff development of a "team" of people from each school building in the district (both public and non-public) who would serve as drug prevention/intervention teams at their building level. Buildings selected a team of 5-6 persons to attend a three day prevention/intervention workshop for their initial training. Teams were composed of certified and classified staff members, administrators, parents, and community representatives. During the three day workshop participants received up-to-date information on many key issues in the substance abuse field, looked at their own personal attitudes regarding substances, studied what role the school/family/community plays in substance abuse prevention, and worked together as a team to decide and plan for their building team's implementation of the process. As you will be able to see by studying the enclosed handout with a three year summary of our activities, the prevention/intervention workshops and teams have been very successful across the district with a second layer of personnel trained at each building during the second year of funding. They function at varying rates and degrees across the school district, and are actively involved in providing inservice activities for staff members, keeping abreast of the latest information in the area, and serving in an intervention mode where deemed necessary. They do not function in a counselor role but do support and work with the guidance counselor in appraising and referring young people to outside agencies or other assistance when necessary.

The networking of the schools, families, and community that has evolved as a result of the building teams' presence and functioning has been the most successful mark of this piece of our school programming in substance abuse education. It has served as the central core of many of the efforts served by the Drug Free funds, and has assisted in the integration of the curriculum within the schools. Each year the advisory committee has prioritized the expenditure of the Drug Free funds to include further training and support of the building-based teams as well as programming which supports the "TEAM" approach to substance abuse education and prevention. Over the two and one half years of the funding thus far this team approach has also included the establishment of district regulations regarding the functioning of the building teams, development of prevention based curriculum and programming, expanded use of police officers in school programming, purchase of supplemental drug education materials, parent education meetings, organization and implementation of a middle school youth leadership day, establishment of student support groups at all buildings, and the implementation of a Drug Free Workplace policy within the school district.

As was mentioned above, one of the priorities for the expenditure of funding within our school district has been the support of prevention-based school curriculum programming. Based on research we know that the best drug prevention programs in schools are the ones that: 1) are skills based, teaching decision-making and critical thinking skills beginning in the very early elementary grades, 2) involve training of staff, administration, parents, and community in the program, 3) have a family involvement component; 4) involve the community with the schools; 5) help young people feel good about themeselves and their schools; and 6) are long term and comprehensive. There are no quick fixes in drug education and prevention. One of the programming models which we are using and which are being supported by some of the drug free funds are the programs out of Quest International in Granville, Ohio. They speak to the research of people like Dr. David Hawkins and Dr. Stephen Glenn and provide broad-based curriculum programming for school districts in a K-12 scope and sequence. The Cedar Rapids Community Schools use both the Skills For Adolescence program at our middle schools and the Skills For Growing program at our elementary schools to assist in the delivery of a positive prevention program to our young people. The Skills For Growing implementation in one third of our elementary schools for the 1989-90 school year has been given a high funding priority by the advisory committee which oversees the expenditure of the Drug Free Schools money. This funding includes the expense of training staff members in those buildings, as well as purchasing the student/family activity booklets which are a part of the program. In addition to the Quest programming which serves as the heart of the elementary and middle school curriculum in drug education, supplemental curriculum guides at elementary, middle, and high school levels are written and implemented across all schools. The Wellness series of courses at the high school level are an example of these guides. In the Wellness I classes the students study and analyze the physical side of wellness, in Wellness II the students study the effects of self esteem, decision making, and goal setting in the areas of relationships, sexuality, and substance abuse. The Wellness III classes at the 11th grade level focuses on self esteem, relationships and abusive relationships, depression, suicide, loss, and again focuses on decision-making and goal setting. As a school district, we have worked long and hard to establish our schools as caring environments where young people can learn in a supportive setting and where curriculum and programming is carefully designed and implemented to meet the needs of the children.

Drug abuse education in the schools across the nation is becoming an increasingly more important component as substance abuse becomes more and more of a problem among our young people. Young people today need an opportunity to learn the important social skills in a safe and caring environment and an opportunity to practice those skills in that same kind of environment. For many young people today, the school is the only stable force in their life. They need those of us in education to give them that place to sort things through and learn to make healthy decisions about their lives. Today, as never before, the schools are being asked to play an essential role in the development of our young people. We cannot decide to take on the problem all by ourselves, but rather MUST work together with families and community to help create positive social behaviors in our young people and to strengthen the bond between the child and his home and community. In the end, the problems associated with substance use and abuse are joint school/home/community problems which must be addressed together. Since the very inception of the drug advisory committee back in the summer of 1987 and the initial planning for the use of the Drug Free Schools money, this has been our plan of attack and our major priority. We know we still have a long way to go, but we feel strongly that we have come a long way in the last three years also! It is our sincere hope that the funding through the Drug Free Schools & Communities Act of 1986 be continued for many more years. It is only through the assistance of monies such as these that the massive school/family/community projects can take place and that we can continue to move forward in this astronomical task of creating a drug-free world for our children and our children's children.

SUMMARY OF DRUG FREE ACTIVITIES

CEDAR RAPIDS COMMUNITY SCHOOLS/NON-PUBLIC SCHOOLS

1987-88 SCHOOL YEAR

Organized and held five, three day workshops for a team of people from each building at every level. (Drug prevention/intervention teams in each building consist of teachers, administrators, parents, and other community representatives)

Developed district regulation for policy manual which discusses the role and function of the "teams" in the buildings

Team leaders from each building attended two follow up meetings to discuss team functioning, difficulties, etc.

Sent five members from teams to International PRIDE conference in Atlanta

Puchased supplemental drug education resource materials for elementary and middle school level

Funded one Skills For Adolescence workshop

District Skills For Adolescence teachers attended follow up session

Developed Wellness II curriculum for tenth grade students (includes comprehensive health issues, substance abuse, and decision making skills)

Expanded usage of Officer Friendly program to include upper elementary, middle, and high schools

1988-89 SCHOOL YEAR

Additional tier of team members from each each school trained at three day prevention/intervention workshops

Funded the implementation of two pilot schools in the Skills For Growing curriculum for elementary children

Held one Skills For Adolescence and one Advanced Skills For Adolescence workshop during summer of 1988; additional Skills For Adolescence workshop will be held in June of 1989

Held a one day workshop for all team leaders to assist in the setting up of support groups in their buildings

Expanded usage of Area Substance Abuse Council personnel and Iowa Substance Abuse Information Center personnel in our classrooms and in the assistance of our curriculum across all levels

Implemented Wellness II at each high school, and began development of Wellness III to support our comprehensive health curriculum

Purchased supplemental drug education materials for each elementary school

Organized and held a one day youth leadership conference for middle school youth with potential leadership qualities (building teams organized the selection of the students and will meet with the students at their building following the conference)

Held three Skills For Growing workshops for Cedar Rapids teachers (May & June of 1989)

Held parent meetings at building level-- talking to your kids about drugs, etc. (Not all buildings participated)

Advisory committee members attended various conferences or seminars on substance abuse prevention programming

RECOMMENDATION OF ADVISORY COMMITTEE FOR 89-90 SCHOOL YR.

Prioritized emphasis and greatest distribution of monies to be used to bring Skills For Growing program on board in as many elementary buildings as possible

Further development and support of building level team structures (structured student assistance teams), plus additional growth opportunities for team members. This might include conferences, follow up meetings, etc.

Establishment of support groups at all levels (including aftercare groups where appropriate)

Youth Leadership Day held again, and perhaps expanded to include more students

Parent education programs structured and implemented at all levels (perhaps TWYKA in cooperation with ASAC)

Drug Free Workplace policy implemented and staff networking to building team/employee assistance program encouraged. In conjunction with this policy, all staff members in all buildings will be inserviced on substance abuse, employee assistance, and drug free workplace.

Full Wellness program in place (Wellness II at 9th grade, Wellness II at 10th grade, Wellness III at 11th grade)

STATEMENT OF PAUL HEDQUIST

Senator HARKIN. Next, Paul Hedquist, director of personnel and programs, Des Moines Area National Council on Alcoholism and Other Drug Dependencies.

Mr. HEDQUIST. Thank you, Senator. I am going to talk to you very briefly about a specific need we see and that is the need for accurate and early assessments in the whole issue of drug and alcohol problem identification.

In 1975 the executive director of the National Council on Alcoholism and Other Drug Dependencies in the Des Moines area, John Tapscott, was instrumental in drawing together a consortium of community business and labor leaders, the chamber of commerce, Polk County Board of Supervisors, United Way officials, and representatives from various human services agencies. The purpose of the consortium was to study the economic losses to Des Moines area businesses and industries due to employees with personal problems which affect job performance.

The Des Moines area study identified the need for cost-effective early intervention service that would provide comprehensive counseling assessment and referral services for employees and family members of area businesses, industries, and governmental agencies.

It was recognized through that study that early intervention in problems can often prevent a later need for costly health services, as both of my predecessors here have identified as well.

It was further recognized that in order to avoid conflicts of interest, such an assessment and early intervention service ought to be a private, nonprofit program, unaligned with any service or treatment providers public or private, freestanding, or hospital based.

As a result of this study and its subsequent recommendations, the consortium moved to create one of the first-of-a-kind in the Nation private-public community-based employee assistance programs as an assessment center. It was established in January 1976 and the Des Moines Employee Assistance Program was funded primarily by public moneys, most notably through the Polk County Board of Supervisors and United Way of Central Iowa.

Today, however, nearly 14 years later, the Employee Assistance Program has truly become a private-public venture with program costs being equally shared between the nearly 150 area businesses that purchase EAP services for their employees and family members, the 13 school districts of Polk County that make available the same assessment services to their students and family members through the Student Assistance Program which was established in 1977 and those sources of public funding mentioned before whose continued commitment and support have been significant to our success.

Through this private-public consortium effort, the Des Moines area has one of the Nation's only freestanding nonprofit counseling, assessment, and referral service programs.

It is designed to provide comprehensive counseling, assessment, and referral services for a broad range of personal problems including substance use, misuse, abuse, and addiction. That sort of broadbrush approach makes it possible for employees, students, and/or family members to use our program for any type of problem.

Traditional barriers to the seeking of assistance are minimized and hopefully eliminated by the Employee Assistance Program design, thus encouraging intervention as early as possible in the development of problems. Strictly confidential services are provided clients in a nonthreatening environment with subsequent referral when necessary made to the most appropriate cost-effective services.

The EAP positively impacts community health care costs through prevention programs in the schools, businesses, early intervention obviating high ticket health care procedures, accurate professional assessment ensuring the problems are appropriately identified, and prioritized and appropriate referral meeting the needs of the client in the most qualitative and cost-effective manner rather than meeting the needs of the service or treatment procedure.

Costs are measurably reduced through the assessment process as client needs are matched with appropriate qualitative and cost-effective services.

Today through the EAP and the SAP, the NCA of Des Moines has documented evidence extending over 13 years of experience-based research that proves the cost effectiveness of freestanding, unaligned assessment and referral centers. The assessment process, complete with internal client care monitoring and quality assurance, results in the accurate identification of substance abuse and related concerns as well as concomitant psychological, emotional, relationship, financial, and other problems, if present.

It is the role of the assessment counselor accurately to delineate such problems as being primary, secondary, and/or tertiary, thereby directing the clients to the resolution of the most urgent issues first. In some cases that necessitates inpatient drug and/or alcohol treatment. In other cases it does not. In yet other cases there is a dual diagnosis necessitating another type of referral.

Our research has further identified utilization of the EAP as an effective means of reducing the costs incurred by individuals and companies for inpatient drug and alcohol treatment through referral to alternative treatment options that effectively resolve problems at a fraction of the cost for traditional inpatient treatment. Thank you.

Senator HARKIN. Thank you very much, Paul.

[The statement follows:]

STATEMENT OF PAUL HEDQUIST

Thank you for the opportunity to provide testimony to you and the U. S. Senate Labor Subcommittee in your consideration of the Alcohol, Drug and Mental Health Administration allocations. I address you on behalf of the Des Moines, Iowa, Area National Council on Alcoholism and Other Drug Dependencies (NCA-ODD), which has been providing services to Iowans for 25 years this October. I am the Director of Personnel and Programs for the NCA-ODD.

Established in 1964, the Des Moines NCA-ODD initially served as a community education, information and referral agency. In 1975, the Executive Director of the Des Moines NCA-ODD, John Tapscott, was instrumental in drawing together a consortium of community business and labor leaders, the Chamber of Commerce, the Polk County Board of Supervisors, United Way officials, and representatives from various human services agencies. The purpose of this consortium was to study the economic losses to Des Moines area businesses and industries due to employees with personal problems which affect job performance. The Des Moines area study identified the need for a cost-effective early intervention service that would provide comprehensive counseling assessment and referral services for employees and family members of area businesses, industries and governmental agencies. It was recognized that early intervention in problems can often prevent the later need for costly health services. It was further recognized that, in order to avoid potential conflicts of interest, such an assessment and early intervention service ought to be a private, non-profit program, unaligned with any service or treatment providers, public or private, free-standing or hospital-based. As a result of this study and its recommendations, the consortium moved to create one of the first of its kind in the nation private-public, community-based Employee Assistance Programs. Established in January, 1976, the Des Moines Employee Assistance Program (EAP) was then funded primarily by public monies, (most notably through the Polk County Board of Supervisors and United way of Central Iowa). Today, however, the EAP has truly become a private-public venture, with program costs being virtually equally divided between the nearly 150 businesses that purchase EAP services for their employees and their family members, the thirteen school districts of Polk County that make available the same assessment services to their students and family members through the Student Assistance Program (SAP established in 1977), and those sources of public funds mentioned above whose continued commitment and support have been significant to the program's success. Through this private-public consortium effort, the Des Moines area has one of the nation's only freestanding, non-profit counseling assessment and referral service programs. Because of the NCA-ODD's history of providing to the community drug and alcohol education, information and referrals for drug and alcohol services, the Des Moines NCA-ODD was asked by the consortium to serve as the "umbrella" agency beneath which the EAP would be housed; an arrangement that continues today and that involves no conflict of interest between and/or among any of the program components of the NCA-ODD (including community and school prevention and education programs; early intervention services; drug and alcohol assessment and referral counseling services to any resident of Polk County).

The Des Moines EAP is designed to provide comprehensive counseling assessment and referral services for a broad range of personal problems, including substance use, misuse, abuse and addiction. This "broad brush" approach makes it possible for employees, students and/or family members to utilize the program for any type of problem being experienced. Traditional barriers to seeking assistance are minimized and/or eliminated by the EAP program design, thus encouraging intervention as early as possible in the development of problems: strictly confidential services are provided clients in a non-threatening environment, with subsequent referral--when necessary--made to the most appropriate, cost-effective service(s). The EAP positively impacts community health care costs through prevention programs, early intervention (obviating later, "high ticket" health care procedures), accurate assessment (ensuring that problems are appropriately identified and prioritized) and referral (meeting the needs of the client in the most qualitative and cost-effective manner, rather than meeting the needs of the service or treatment provider).

As a result of the success of the Des Moines EAP, in 1980 the NCA-ODD was asked to make available similar assessment and referral services for individuals referred by the Department of Corrections, The Fifth Judicial District, and the

Polk County Attorney's Office. The Central Assessment Center (CAC) was subsequently established under the NCA-ODD umbrella to meet the needs of these referral sources and their clients. Again, costs are measurably reduced through the assessment process, as client needs are matched with appropriate, qualitative and cost-effective services. Today, through its EAP, SAP and CAC, the NCA-ODD has documented evidence extending over thirteen years of experience-based research that proves the cost-effectiveness of freestanding, unaligned assessment and referral centers. The assessment process, complete with internal client care monitoring and quality assurance, results in the accurate identification of substance abuse and related concerns, as well as of concomitant psycho-emotional, relationship, financial and other problems, if present. It is the role of the assessment counselor accurately to delineate such problems as being primary, secondary and/or tertiary, thereby directing the client(s) to the resolution of the most urgent issues first. In some cases, this necessitates inpatient drug and/or alcohol treatment; in other cases it does not. In yet other cases, there is a dual diagnosis necessitating yet another type of referral. Our research has further identified utilization of the EAP as an effective means of reducing the costs incurred by individuals and companies for inpatient drug and alcohol treatment through referral to alternative treatment options that effectively resolve drug/alcohol problems at a fraction of the cost for traditional inpatient treatment.

It is my hope that, as you deliberate how best to invest federal funds in the multi-faceted solutions to our country's drug and alcohol problems, you will consider the example of the proven cost-effective advantage afforded the Des Moines area through the Employee Assistance Program of the National Council on Alcoholism and Other Drug Dependencies. I have included a copy of our most recent fiscal report for your further perusal.

Again, thank you for this opportunity to share with you the importance of a non-aligned, freestanding assessment center in the provision of services to those afflicted by drug and alcohol-related problems.

STATEMENT OF DENA GRAY RASKE

Senator HARKIN. Next, Dena Gray Raske, Governor's Alliance on Substance Abuse.

Miss RASKE. Thanks, Senator, for the opportunity to express our concerns about the drug and alcohol abuse problems in Iowa.

The Governor's Alliance on Substance Abuse was created to promote the development of a comprehensive coordinated statewide effort in the areas of drug and alcohol abuse, prevention, education, treatment, and law enforcement following the enactment of the Federal Anti-Drug Abuse Act of 1986.

The alliance is responsible for administering two Federal grant programs created originally by that act and continued under the Anti-Drug Abuse Act of 1988. One of those programs is the Drug Control and System Improvement Grant Program, title VI of the act, funded through the U.S. Department of Justice, Bureau of Justice Assistance.

Iowa received $1.5 million for Federal fiscal year 1989. The grant program provides passthrough dollars and financial assistance to State and local and municipal governments for programs which will improve the enforcement of the State and local drug laws or will improve the criminal justice system.

Over the last 3 years, the justice funds were used to provide seed money to local law enforcement departments for the narcotics investigations, to increase the number of local drug prosecutors, to assist in the treatment programs in Iowa's adult correctional facilities and fund the treatment programs in Iowa's juvenile institutions at Eldora and Toledo.

This year the act will provide the State and allow the State to fund the DARE Program, a preventive education program. The most exciting part of this program has been the cooperation and networking which has crossed itself among all law enforcement, prosecution, treatment, prevention, and education professionals throughout Iowa.

The second program that we fund is the Drug-free Schools and Communities Program, title V of the act, more specifically the High-risk Youth Program. The High-risk Youth Program is funded through the U.S. Department of Education. Iowa received $482,000 for Federal fiscal year 1989. The grant program is a preventative education program for invasive projects developed toward preventing the onset or continuation of substance abuse among youth identified under the Federal definition of high risk.

The act defines the term "high-risk youth" as an individual who has not attained the age of 21 years, who is at high risk of becoming or has been a drug or alcohol abuser and who fits one of the risk categories such as a school dropout, child of a drug or alcohol abuser, or has committed a violent or delinquent act.

Under this program passthrough grants are available to community organizations, nonprofits, corporations and schools for crisis referral, information, education and skill building, aftercare support, early intervention, and other activities including training for impacters.

A recent survey completed by the High-risk Youth Program workshop including 108 agencies from across Iowa ranked children of a drug or alcohol abuser as the category of youth with the greatest need for prevention services. In the same survey 29 percent of the responses stated children in grades K through five had the greatest need for prevention services, grades six through eight had 25 percent of the responses, closely followed by the children in pre-K at 19 percent. In addition, the survey data concluded that early intervention, education, and skill building and information were the service areas most beneficial in responding to the drug and alcohol problem.

Demand has steadily increased over the last 3 years for High-Risk Youth Program funds; 45 applications were received in 1987, 47 in 1988, and 57 in 1989. The 1989 applications alone totaled over $1.9 million and would serve over 23,000 high-risk youths in Iowa. This year's appropriation provided the State with resources to fund 16 of those 57 requests and approximately one-fourth or 8,064 of the high-risk youths identified in those applications.

To conclude, the local demand for drug and alcohol abuse prevention, education and treatment, and law enforcement grant funds is increasing in Iowa. In support of the testimony that we are providing today, we have included a copy of the plan, the Iowa strategy for drug control and system improvement in Iowa, and a brochure which highlights just one of our outstanding high-risk youth programs in Iowa, the Iowa homeless youth and runaway project which serves those youth who have had to be society's throwaways. Thank you.

Senator HARKIN. Thank you very much, Dena.

[The statement follows:]

STATEMENT OF DENA GRAY RASKE

My name is Dena Gray Raske, I am the Administrative Assistant for the Governor's Alliance on Substance Abuse. The Governor's Alliance was created to promote the development of a comprehensive, coordinated statewide effort in the areas of drug and alcohol abuse prevention, education, treatment, and law enforcement following the enactment of the federal Anti-Drug Abuse Act of 1986.

The Alliance is responsible for administering two federal grant programs created originally by that Act, and continued under the Anti-Drug Abuse Act of 1988, Public Law 100-690.

One of those programs is the Drug Control and System Improvement Grant Program - Title VI of the Act, funded through the U.S. Department of Justice, Bureau of Justice Assistance. Iowa received 1.5 million for FFY 1989. The grant program provides pass-thru financial assistance to state and local units of government for programs which will improve the enforcement of state and local drug laws or will improve the criminal justice system.

Over the last three years the Justice funds were used to provide seed money to local law enforcement departments for their narcotics investigations, to increase the number of local drug prosecutors, to assist in treatment programs at Iowa's adult correctional facilities, and fund the treatment programs in Iowa's Juvenile Institutions in Eldora and Toledo. This year the Act will also allow the state to fund the "DARE" program a preventive education program. The most exciting part of this program has been the cooperation and networking which has fostered itself among all of law enforcement, prosecution, treatment, prevention and education professionals throughout Iowa.

The Second Program is the Drug-Free Schools and Communities Program - Title V of the Act, more specifically the High-Risk Youth Program. The High-Risk Youth Program is funded through the U.S. Department of Education. Iowa received $482,000 for FFY 1989. The grant program is a preventive/education program for innovative projects developed toward preventing the onset or continuation of substance abuse among youth identified under the federal definition of "high-risk."

The Act defines, the term "high risk youth" as an individual who has not attained the age of 21 years, who is at high risk of becoming or who has been a drug or alcohol abuser, and who fits any of the following descriptions:

A) a school dropout;

B) has experienced repeated failure in school;

C) has become pregnant;

D) economically disadvantaged;

E) child of a drug or alcohol abuser;

F) a victim of physical, sexual, or psychological abuse;

G) has committed a violent or delinquent act;

H) has experienced mental health problems;

I) has attempted suicide; or

J) has experienced long-term physical pain due to injury.

Under this program pass-thru grants are available to community organizations, non-profits, corporations, and schools for crisis referral, information, education/skill building, aftercare/support, early intervention and other activities including training for impactors. A recent survey, completed by the High-Risk Youth Pre-Application Workshop participants, including 108 agencies from across Iowa, ranked the children of a drug or alcohol abuser as the category of youth with the greatest need for prevention services. In the same survey, 29% of the respondents stated that children in grades K-5 were in greatest need for prevention services, grades 6-8 were next with 25% of the responses , closely followed by children in Pre-Kindergarten at 19%. In addicion, the survey data concluded that early intervention, education, skill building, and information were the service areas most beneficial in responding to the drug and alcohol problem.

Demand has steadily increased over the last three years for high-risk youth grant funds. Forty-five applications were received in 1987, 47 in 1988, and 57 in 1989. The 1989 applications alone totaled over $1.9 million and would serve over 23,000 high risk youth in Iowa. This year's appropriation provided the state with resources to fund 16 of those 57 requests and approximately one-fourth or 8,064 of the high-risk youth identified in the applications.

To conclude, local demand for drug and alcohol abuse prevention, education, treatment, and law enforcement grant funds is increasing in Iowa. In support of the testimony we have provided, we are including a copy of the **Iowa Strategy for Drug Control and System Improvement**, and a brochure which highlights one of the outstanding High-Risk Youth programs in Iowa, the Iowa Homeless Youth and Runaway Project which serves those youth considered to be societies "throw-aways."

Senator **HARKIN**. You said Iowa received $482,000 from the Drug-Free Schools and Communities Program for fiscal year 1989. My figures show that Iowa's allocation under the Drug-Free Schools and Communities Act was $3.2 million.

Miss **RASKE**. That $482,000 is just for the High-Risk Youth Program. That is the Governor's discretionary fund that is used for——

Senator **HARKIN**. That's title V of the act, $482,000?

Miss **RASKE**. Right.

Senator **HARKIN**. My notes tell me that under the formula, 30 percent of the funds go to the Governor's office. From the remaining 70 percent of the funds, 10 percent is withheld by the State education department and 90 percent goes to all of the Iowa school districts to be used for teacher training and purchasing materials and curriculum guides. If I take 30 percent of $3.2 million, that comes out at just about $1 million, not $482,000.

Miss **RASKE**. That's correct. We receive only one-half of that money. The rest goes to the division of substance abuse in Iowa.

Senator **HARKIN**. So the Governor gets 30 percent?

Miss **RASKE**. Right.

Senator **HARKIN**. The Governor has decided that one-half would go to——

Miss **RASKE**. The High-risk Youth Program.

Senator **HARKIN**. Is that in the form of a law?

Miss **RASKE**. Yes; it is.

Senator **HARKIN**. The act says one-half the money the Governor gets has to go to title V?

Miss **RASKE**. Yes.

Senator **HARKIN**. One-half of the money that goes into the Governor's pot, one-half of it has to go under the law to——

Miss **RASKE**. Right, one-half goes to the High-risk Youth Program.

Senator **HARKIN**. Where does the other half go?

Miss **RASKE**. That goes to the division of substance abuse. That is for preventative education programs.

Senator **HARKIN**. Can you tell me about the division of substance abuse?

Miss **RASKE**. I would rather not address that.

Senator **HARKIN**. Regarding the $482,000. Can you tell me how you use these funds?

Miss **RASKE**. Those moneys go—directly pass through to community groups, schools, corporations, nonprofits. They can use them for preventative education programs. A few examples would be we have funded the Homes of Oakridge for their preventative education. We have funded Urban Dreams in the past, also the antidrug abuse program in Sioux City.

Senator **HARKIN**. You're saying the demand for these funds, the applications for 1989, totaled over $1.9 million?

Miss **RASKE**. Correct.

Senator **HARKIN**. Yet you only were able to fund 16 of 57 requests?

Miss **RASKE**. Right, because we were limited to funds of $482,000.

Senator HARKIN. We have got $482,000. Are these requests that come in legitimate requests? Are they items that you believe should be funded?

Miss RASKE. All those projects were very worthwhile projects across Iowa. Unfortunately we just didn't have the resources to fund all of them. All of those were reviewed.

Senator HARKIN. What you would need is you would need about $1.9 million——

Miss RASKE. Correct.

Senator HARKIN [continuing]. Or a little over four times the amount?

Miss RASKE. Right.

Miss LENSING. May I speak up?

Senator HARKIN. You may.

Miss LENSING. Cedar Rapids Community Schools was one of the applications that was turned down and our high-risk education dealt with a K-5 program called "Skills for Growing." K-5 is one of the things that was indicated on the survey is where the moneys really should go in prevention, yet I certainly understand why the alliance is not able—they just don't have the funds to do that. I can speak from the vantage point of somebody who did not receive money under that.

Senator HARKIN. How do you decide on funding requests?

Miss RASKE. There is an independent review committee of the prevention, education professionals across Iowa who does review every application.

Senator HARKIN. You say you funded Urban Dreams before?

Miss RASKE. Correct.

Senator HARKIN. Are you funding them this year?

Miss RASKE. Not this year. These are basically with the limited resources providing only seed money to those community organizations to get started.

Senator HARKIN. To get them started. Let me ask you about the other part of the money that comes in to Iowa, that is, the 70 percent that goes to the State Education Department. Can you talk to me about that?

Miss RASKE. No; that was handled through the Department of Education.

Senator HARKIN. They have submitted testimony, but they weren't able to be here. I would like to see how that money goes out too because that would be $2 million that comes through the Department of Education. Of those funds 10 percent goes to the Governor's Office and 90 percent goes to all of Iowa school districts. Miss Lensing, can any of you tell me how that money goes to Cedar Rapids?

Miss LENSING. I am the one who turns in the application on that for Cedar Rapids schools. It is based on enrollment reports of public and nonpublic schools and geographic distribution.

Senator HARKIN. You receive some of those funds?

Miss LENSING. Yes; we do.

Senator HARKIN. How much did you get this year?

Miss LENSING. For this past year it was $53,000 for Cedar Rapids community public and nonpublic schools.

Senator HARKIN. How much this year, do you know?

Miss **Lensing**. This next year it will be increased tremendously, $75,000.

Senator **Harkin**. It should because the funding went from $2.2 million last year—this is just for Iowa—to $3.2 million, a 45-percent increase.

Miss **Lensing**. It's based on per-student cost and I believe it will be about $3 for any district that applies. There are some that choose not to apply.

Senator **Harkin**. So $53,00 should probably go up—funding should go up 45 percent and you could go as high as $75,000?

Miss **Lensing**. For this upcoming year, for this current year starting July 1, that's correct.

Senator **Harkin**. How do you use that money?

Miss **Lensing**. We use that money, as I said in the testimony, for the training of the teams in our buildings as well as to assist any implementation of the K–5 programs and other curriculum programs in the district and school, community and parent training. I believe that's what Mason City uses for their DARE.

Senator **Harkin**. You are talking about using a program out of Quest International in Granville, OH. Is that a producer of materials?

Miss **Lensing**. Correct, it is.

Senator **Harkin**. For what?

Miss **Lensing**. It's called Positive Primary Prevention Program on substance abuse and other decisionmaking areas and it is for elementary children.

Senator **Harkin**. For kindergarten, first, second, third?

Miss **Lensing**. Kindergarten through fifth grade children. It is a skills-based curriculum with a parental and community component as well as curriculum which is based on all the things we have talked about, decisionmaking, assertiveness skills, communication.

Senator **Harkin**. Of the students in your school district, next year they will spend $3.80 per student?

Miss **Lensing**. It's fairly close to that.

Senator **Harkin**. Per year?

Miss **Lensing**. For this current year, that's true.

Senator **Harkin**. The Federal moneys that come in to Cedar Rapids, $3.80 per student per year goes for drug education?

Miss **Lensing**. Correct.

Senator **Harkin**. Is that enough?

Miss **Lensing**. No; it's not enough, but it's——

Senator **Harkin**. At $3.80?

Miss **Lensing**. It is based on, remember, public and nonpublic enrollment, so we have to service both the public and the nonpublic schools. It is all—one of the regulations was formation of advisory committee that has representatives from the court systems, the law enforcement, the nonpublic schools and they are the ones that actually determine in each district or consortium how that money is spent. It's not myself or anyone in the school that determines that. It's the advisory committee in each area.

Senator **Harkin**. How much general information is there between individual school districts' programs in the State of Iowa? Is there some process by which school districts get together and share the information so you know what each of them is doing?

Mr. **Romans**. Let me just say this to you. Early in 1986 we recognized, of course, we had a drug problem with our students and our youth, crime and whatever, so we started implementing programs so we could make the city aware of the full weight to bear on the problem.

One of the problems we had, sir, was cooperation between the various units of government, that is, with the school board, with the State agency. We went to Des Moines and said we wanted money to implement the DARE Program. They said, "DARE what?" in 1986. So it was getting nowhere.

We went home, traveled home and we pulled ourselves up to our bootstraps and took one of our officers off the street and put him in one of our schools as a trial program. Our businesses, factories and citizens contributed money for this.

It has become so successful. I'm glad to hear that the State representative is here now and I mentioned to you that the program should be implemented immediately statewide. We do have parents in the cities investing in it. So I think there is some lack of communication, but I think that is decreasing now. Cooperation, communication and coordination very definitely need to be tackled.

Senator **Harkin**. Is there a sharing among school districts such as those in Des Moines and Davenport?

Miss **Lensing**. I know Doctor Riteman, the Department of Public Education Director of Substance Abuse, works very hard to try to send information out to all the districts so we are aware of the different programs. We receive that information. I'm assuming all districts receive that information on where they are going to be training for different types of programs and what is available.

So I think he does work to try to assist the districts in that and knowing what other—we have had at least one regional meeting that I attended where we sat down with other districts from southeast Iowa and we talked about what they were doing in their districts with drug-free school money. I think that's definitely a step in the right direction as to what you are talking about.

Mr. **Hedquist**. Senator, also through the Department of Public Health, Division of Substance Abuse there is also a prevention education specialist in each county within Iowa and those people have a great deal of impact in the schools. The people in the division of substance abuse do a great deal of coordinating their efforts, so that is also a way in which information is shared.

Miss **Lensing**. If I could just speak to that for a moment, taking off on the prevention specialist, in our training sessions, these sessions are jointly facilitated by the school district personnel, so it is a joint effort.

Senator **Harkin**. Let me just pin down one other thing if I can, Carol. The 45-percent increase this year over last year of moneys, how will those additional funds be used?

Miss **Raske**. The funds we get now are being able to fund more programs. They are also increasing the level of full-time staff they are going to have in these programs, so we will be able to do more training of the staff personnel as well as finance the staff.

Senator **Harkin**. One thing that I am personally interested in is how we can bring in the private sector to get involved in this educational process. Mr. Hedquist, the economic impact of the use of drugs, on a community like Des Moines or any community, that economic impact and getting the business community to understand that and see if we can't get private moneys into these drug fighting efforts, drug education efforts.

You talked about seed money. If you could put seed money into programs and get them started and get private sector money in to match that seems to be the best of all possible worlds. Is that something you are looking at? Do you know if that kind of effort is being done?

Mr. **Hedquist**. Sure. Part of the inception of the Employee Assistance Program in Des Moines was the study I mentioned that was cosponsored by United Way and chamber of commerce and so forth in 1975. That followed approximately within—just the Des Moines area approximately $50,000 a year was lost to Des Moines area businesses and industries because of not just drugs and alcohol but problem employees. Approximately probably 20 percent of them at least were drug and alcohol related.

A couple things are happening in Des Moines. They are trying to pull together business and industry private funds as well as public funds. One is our program which is, as I said, one of the only of its kind in the Nation with private-public virtually 50-50 funding which provides in business and industry prevention education programs as well the Student Assistance Program provides the school districts and the county the same kind of prevention education programs.

And part of that is underwritten by the public sector, certainly Polk County Board of Supervisors, United Way of Central Iowa, but part of it is funded through the school districts themselves and also through the businesses and industries that help make the program possible.

Second, we work together with approximately 40 different groups, a number of them service providers, United Way, so forth, in, as you know, the Community Coalition against Substance Abuse. It has been going on for about 1½ years.

We are trying very hard to make a concerted effort as we grow to involve public and private funding, getting businesses directly involved in that, helping them to recognize that they are the ones who are being affected by the problem. It's their employees, their family members who are affected by drugs and alcohol. The bottom line is we are making a concerted effort to make them understand this.

Senator **Harkin**. Dena Raske, are you on this panel that looks at the requests that come in and decides?

Miss **Raske**. I do a staff review of them. I do a staff review of all the applications, an internal staff review. We do want match moneys, not cash match but in kind so they can also get contributions from their communities, their churches and businesses.

Senator **Harkin**. That is a factor in your decisionmaking process?

Miss **Raske**. Yes.

Senator **Harkin**. Ms. Raske, what other Federal moneys does the Governor's alliance receive?

Miss **Raske**. Under law enforcement, the $1.5 million that we do receive for drug control.

Senator **Harkin**. That still comes through our appropriations committee, not my subcommittee but the full committee. Is that going to increase next year?

Miss **Raske**. We do not expect any increases. Most of the new moneys that have been passed and also a supplemental appropriation is going forward at the Federal level of drug and law enforcement.

Senator **Harkin**. What are the demands on those funds? Like the other programs?

Miss **Raske**. Yes.

Senator **Harkin**. That's $1.5 million you say?

Miss **Raske**. Correct.

Senator **Harkin**. I take it from your testimony that if we could put more money into that drug education, you would have legitimate, worthwhile programs out there that could be funded?

Miss **Raske**. There's a number of programs that didn't even submit applications mainly in fear of competition that they had received and limited resources.

Senator **Harkin**. The other point that I wanted to talk about was the ongoing nature of the battle against drugs. You probably heard the first panel where one of the panelists said that there are no short-term solutions.

My concern is is that we might begin antidrug programs and then reduce or eliminate funding for them. In particular, I'm concerned about long-term education. Now, I understand the DARE Program is a 15-month program? Tell me about that.

Mr. **Romans**. Yes, Senator. One thing I am hearing here in what you're talking about is there are so many different programs across the State of Iowa. We recognized the DARE Program was an effective program when we studied them all across this country. And in speaking with Tom Bradley, the mayor of Los Angeles, I asked him why the program works. He said, "It works, Mayor Romans, because of three ingredients, parents, police, and the formal school setting."

So we attempted back in 1986 to institute this program in the State of Iowa with, like I say, a lack of communication or coordination. Uniformity is the key here. This one program should be taught in the elementary schools here in Des Moines. It should be taught in the elementary schools in Mason City, Davenport, Cedar Rapids, wherever, where you do have that city police department in partnership with your schools and parents.

Senator **Harkin**. You do that in fifth grade?

Mr. **Romans**. They teach that in fifth grade, yes, sir.

Senator **Harkin**. From what pool of Federal antidrug funds does the DARE Program get their money?

Mr. **Romans**. We get our pool moneys from our private citizens to date.

Senator **Harkin**. There is no Federal money involved there?

Mr. **Romans**. No Federal money, no State money, whatever.

Senator **Harkin**. Ms. Raske, there's no money under the program?

Miss **Raske**. Under the appropriations under the Drug Control Act we are able to fund DARE Programs and this is the first year and we are just now receiving applications for that program. Most of the DARE Programs in Iowa are privately funded.

Senator **Harkin**. My concern is getting children earlier than the fifth grade—kindergarten, first, second, third, fourth grades, and make it an ongoing education, not just a few months or 1 year and then continue the process through those early formative years. I'm still concerned about those early formative years and getting the funds in there. That is what you're looking at through the DARE Program.

Miss **Raske**. K through five has been identified as the primary age group.

Senator **Harkin**. That would dovetail fine with the DARE Program because it operates with fifth and sixth graders.

Mr. **Romans**. One thing, Senator, to keep in mind, as a fifth grader when you walk into the classroom and talk about drugs and so forth, if a matron walks in with silver hair and says, "Now, children, it's time to start talking about drugs," your mind shifts and wanders off and you think about what you're going to have to do after lunch.

But we have discovered when a police officer walks in that room with his uniform on and he says, "We are going to have a program today on drugs," they sit up and pay attention for the 45 minutes he is there. One of the reasons it should be incorporated on a statewide level with K through five is it also forms that partnership with the police department.

Miss **Lensing**. I was going to say, when we were looking at what kind of prevention programs to use in our district, we have a very active partnership between our law enforcement and schools. We have a special program in our lower grades where an officer comes in twice a year and speaks with the children on a variety of topics and also throughout the intermediate grades and middle school. He is available to the teachers if they want him to come in on topics we have selected. We have active involvement with our law enforcement. One of the things we think the DARE Program neglected to do is it was one-grade specific as we looked at it. That was why we chose to go the other route.

Senator **Harkin**. One of the reasons I was so enthusiastic about the program that I witnessed here in the Des Moines Public Schools called the Smooth Sailing Program is that it starts early and it provides counselors on a smaller ratio, 1 counselor for every 200 kids. There is a counselor in that school every day. These are counselors that are specially trained to deal with young people and their problems.

They deal with these young kids in terms of conflict resolution, building self-esteem, learning how to solve problems. Many of the kids I saw in that program are children like the one I described earlier. Their parents may have been involved in drugs, alcoholism, broken families.

I think that it is important that a police officer—in a supportive role, not threatening or overbearing—but to come in and talk with students, in addition to their law enforcement work.

I must tell you that I am very interested in making sure we get to those kids early on with the kind of counseling they need to build their self-esteem and to teach them how to solve problems without turning to drugs. That has to be a long-term program. It must be 5 years, maybe even 10 years, but it's something that we have to do. I'm interested in how Federal moneys are used to assist these programs.

Mr. HEDQUIST. Mr. Senator, may I suggest that you get some testimony as well from either Janice Wick or someone from the Department of Public Health, Division of Substance Abuse, because that is the other half of this money that comes down and that does fund a great part of the prevention education people in the counties.

In Polk County the prevention education specialists don't ask for help from the National Council on Alcoholism, but we provide that kind of support to the schools within Polk County, K through 12. In fact, we are also in virtually every preschool in Polk County providing prevention education information to those children as well.

So it's real important that you hear from the division of—I forget all the departments and divisions—the division of substance abuse as well because that is an important source for information. I think that's really getting at what you're concerned about, the continuous education for children, starting very early.

In fact, K through five is already being questioned as not early enough. One of the applications that we made for a high-risk youth program that was also not funded was to—we had identified nine high-risk population preschools in the urban inner-city Des Moines area where it was easy to identify over 50 percent of the students or the children at those preschools being high-risk, coming from high-risk families and needing some kind of again intervention, help with those families.

So it's probable that K through five is not early enough as well. So I would encourage you to look to that division as well.

Senator HARKIN. Just one final question. How serious is the drug problem in our schools? How many are at risk? What factors put these people at risk? I will follow up by saying the Iowa Department of Public Health's comprehensive State plan for substance abuse in 1988–89 found that the percentage of Iowa's seniors who were current users of alcohol was 76 percent, higher than the national average, yet Iowa's 1980 class of seniors fared better on marijuana, tobacco, and other drugs. How serious is the problem and are we focusing on alcohol?

Mr. HEDQUIST. Yes; unfortunately, things like crack draw headlines and draw a lot of attention and concern, but I think that fundamental to all of this is the fact that the No. 1 problem for decades in this country has been alcohol in terms of drug or substance abuse.

We need to learn to not make that distinction between drugs and alcohol. Alcohol is a drug and it is the primary problem. I like former Surgeon General Koop's approach. As long as we allow the hoopla and advertising for our No. 1 drug problem to occur, then we are really presenting a very hypocritical approach, I think, to youth who are experimenting with other drugs as well. We are addressing that certainly through prevention education, but I think that we need to be careful as far as a long-term problem.

Heroin was a problem in the sixties. We don't hear much about heroin anymore. Alcohol was a problem in the sixties. Alcohol is still a problem. That's the one that causes the greatest amount of damage to individuals and businesses. We are focusing on that, but I think because it hits home, it's too easy for us to say we aren't talking about alcohol.

When you do assessments, it's not uncommon to ask an adult parent of a child who has come in for assessment, "Is there any drug usage at home?" "No, no." "What about alcohol?" "Yeah, I use that but not drugs."

Miss LENSING. I think that's probably the key reason why we need to focus not only on people in schools but families. There are a lot of societal things we need to break down before we are going to make any headway in that. A lot of that is parental misunderstanding of alcohol as a problem. There are a lot more parental education materials coming out. There is the TWYKA Program that is becoming very popular and I think it again points—I think alcohol is one of those gateways.

We definitely have to start there and we have to start very young. There's a statistic that says by the time the child reaches legal drinking age they have seen 75,000 commercials with alcohol and other booze.

Senator HARKIN. Sports figures and people like that.

Miss LENSING. That's another thing we need to educate children on very young is the influence of the media.

Senator HARKIN. Any last items you want to bring to my attention before we move on?

Mr. ROMANS. Yes; I want to just congratulate you for focusing in on this problem because as mayor of one of our large cities, I would like to tell you what I think needs to be done in simplistic terms. Long-range action plans should be formed that will keep everyone involved in working toward a common goal which I think is what you're attempting to do here, sir.

Of primary importance is education which is what you're looking at and we have to keep in mind the cities will play a part in that so everyone understands the problem and consequences of drug abuse.

Law enforcement, sir, needs more funding to work toward reducing availability by detecting, apprehending and prosecuting distributors. Mason City is rural America and they are coming to rural America, the distributors, as you have heard in the testimony here. The costs are not cheap, Senator Harkin, but when measured against the loss of human lives, the cost is minimal, sir.

If you can see what I go through as mayor when they come to me with a child under the influence, you can understand why and I thank you for inviting me here today. The general public must adopt the attitude that drug abuse is not going to be tolerated and we will need help to solve the problem. We are organizing our communities and citizenry. Communication, coordination, education are the key buzz words that will help fight this growing cancer in our society. Thank you, sir.

Senator HARKIN. Thank you very much.

Miss LENSING. Earlier you were talking about how long term this needed to be. You were asking if we would be receiving enough money this year. As I was thinking about it, the point needs to be made, as the drug-free schools money became available, it was guaranteed for 3 years. Advisory committees were formed. They have been pedaling very hard to get as much jam-packed into that 3 years as possible, not knowing if there is going to be any additional funding down the road and trying to get as much done in 3 years as possible.

If we really believe it's long term, yes. If we knew that amount of money was going to be there every year, that's a different answer than "Is it enough for this year?" it has to be long term as all of us have addressed it. The only way you can do that is with long-term funding.

Miss Raske. I want to end by saying that the funds that Iowa does receive are being used as efficiently and effectively as possible, that the Federal dollars are reaching the local service providers.

Senator Harkin. I would just underscore that these programs are funded by my committee on which I serve, the appropriations committee. I will do what I can to maintain funding for these programs. I think the more we push on anything—we are trying to shift funds rather than get new funds. We are trying to decrease spending in some areas and shift money into antidrug programs.

I need the kind of information you have given me this morning and others have given me to make an argument for continued and additional funding. We will see what we can do. Thank you.

STATEMENTS OF:

G. DEAN AUSTIN, LICENSURE MANAGER, DIVISION OF SUBSTANCE ABUSE, HEALTH PROMOTION, IOWA DEPARTMENT OF PUBLIC HEALTH

ART SCHUT, DIRECTOR, MID-EASTERN COUNCIL ON CHEMICAL ABUSE [MECCA] IOWA CITY

TANYA BROWN, CLINICAL DIRECTOR, OUR PRIMARY PURPOSE, DES MOINES

MILISSA BELL, RECOVERING ADDICT, DES MOINES

TREATMENT

Senator Harkin. We have covered the scope of the problem and covered education. The third panel deals with treatment programs, another area that falls under the jurisdiction of my subcommittee.

First is G. Dean Austin, licensure manager, Division of Substance Abuse, Health Promotion, Iowa Department of Public Health. Next is Art Schut, director, Mid-Eastern Council on Chemical Abuse, Iowa City. Next is Tanya Brown, clinical director, Our Primary Purpose, Des Moines. Finally, Melissa Bell, a recovering addict.

STATEMENT OF G. DEAN AUSTIN

I want to welcome you to the Committee on Appropriations. As I said before, your statements will be made a part of the record in their entirety and if you would take 5 minutes to summarize them, I would be most appreciative. We will start with Mr. G. Dean Austin from the Iowa Department of Public Health.

Mr. Austin. Thank you, Senator, for the opportunity to address your subcommittee.

In the fiscal year 1988 community-based treatment programs in Iowa served approximately 25,000 individuals in residential, halfway house and outpatient programs. Some 73 percent of these individuals listed alcohol as their primary drug of choice, but most of these also used other drugs; 14 percent of these persons listed marijuana as the drug of choice and 5.1 percent listed cocaine.

You have an attached chart that shows changes in the primary drugs of choice from 1984–87. Most of the clients are white male and the ratio of females to males is one female to three males in our current system. Races other than white represent 6 percent of the total clientele as well.

Only 8 percent of the clients admitted were under the age of 18 while two-thirds of those admitted were between the ages of 18 and 49. I am going to summarize other additional characteristics with regard to information that we receive from our public program with regard to current trends in the State; 23 percent of those admitted were unemployed; 48 percent were working on a full-time or part-time basis; and 35 percent had no monthly income. Another 49 percent earned less than $1,000 per month.

The nonfarming laborer was the largest single occupation category with 30 percent. Second largest category was service workers and private household workers with 12.5 percent.

Some 75 percent of the clientele had completed more than 10 years of education and in the 12 months before they began treatment; 40 percent of the clients reported at least one arrest; 42 percent of the clients reported no arrests; and 41 percent of the clients referred to treatment were through probation, parole or other law enforcement agencies dealing with OWI offenders, for example, on first-time admissions.

Following probation/pretrial as a reason for referral, self-referral was the most frequent motivation for treatment as well and that fell in the category of about 25 to 35 percent; 25 percent were hospitalized at least once in 6 months prior to entering treatment.

A majority of the admissions lacked health care insurance, 56 percent to be exact; 17 percent of the clients were veterans or had been in the service before or, in fact, were on active duty.

Although alcohol was the principal drug of use for both men and women, a higher percentage of women than men had a primary problem other than alcohol.

Community-based treatment programs have a waiting list of 4 to 8 weeks depending on the area and time of year. Even though we have extended waiting lists, it's difficult for programs in Iowa to qualify for the Waiting List Application money. Federal application was recently submitted. The guidelines were that this money had to be used for primary drug abusers and the requirement of more than a 4-week waiting period is difficult for the State to meet.

As you can see, the primary drug of choice is alcohol in the State. The needs that have been identified in Iowa include additional treatment for juveniles, adults and better access to treatment by minority groups.

In fiscal year 1988 the department-funded prevention programs provided comprehensive treatment services to an estimated 258,651 individuals which equaled about 51,000 hours of service. Comprehensive services offer information, education/skill building, early intervention, alternatives and social policy strategies and consultation.

These services are provided in a variety of settings to a number of targeted groups, youth, teachers, parents, women, minority groups as well as the general population. The department also has funded an Iowa Substance Abuse Information Center which is in Cedar Rapids.

But Iowa has additional needs in comprehensive prevention services as well as treatment services to high-risk youth. Thank you.

Senator **Harkin**. Thank you.

[The statement follows:]

STATEMENT OF G. DEAN AUSTIN

In FY 1988 Community Based treatment programs in Iowa served approximately 25,000 individuals in residential, halfway house and outpatient programs. 73% of these individuals list alcohol as their primary drug of choice, but most of these also use other drugs. 14% of these listed marijuana as the drug of choice and 5.1% listed cocaine. The attached chart shows the changes in these primary drugs of choice from 1984 to 1987.

Most clients are white males. The ratio of females to males is one female to three males. Races other than white represent 6% of total clients.

Only 8% of the clients admitted were under the age of 18, while two-thirds of those admitted were between the ages of 18 and 49.

Other characteristics Following are additional client characteristics made available from information submitted by the public programs:

> Twenty-three percent were unemployed; 48% were working on a full or part-time basis.
>
> Thirty-five percent had no monthly income; another 49% earned less than $1,000 a month.
>
> Non-farming laborer was the largest single occupation category with 30%. The second largest category was service workers and private household workers with 12.5%.
>
> Seventy-five percent had completed more than ten years of education.
>
> In the 12 months before they began treatment, 40% of the clients reported at least one arrest. Forty-two percent of the clients reported no arrest.
>
> Forty-one percent of the clients referred to treatment were through probation, parole, and enforcement agencies dealing with OWI (operating a motor vehicle while intoxicated) offenders for the first admission.
>
> Following probation/pretrial reasons for referral, self-referral was the most frequently-mentioned motivation for seeking admission to a treatment program.
>
> Twenty-five percent were hospitalized at least once in the six months prior to entering a treatment program.
>
> A majority of the clients (56%) lacked health insurance.
>
> Seventeen percent of the clients were veterans serving in the reserves, or were in active duty.
>
> Although alcohol was the principal drug of abuse for both men and women, a higher percent of women than men had a primary problem with other drugs.

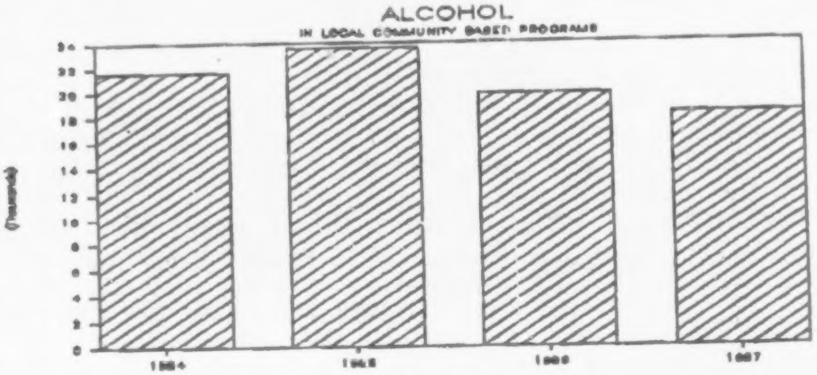
Community based treatment programs have a waiting list of 4 to 8 weeks depending on the area and time of year. Even though we have extended waiting lists, it was difficult for programs in Iowa to qualify for the Waiting List Application money. The guidelines that this money had to be used for primary drug abusers and the requirement of more than a 4 week waiting is difficult for the state to meet. As you can see the primary drug of abuse is alcohol.

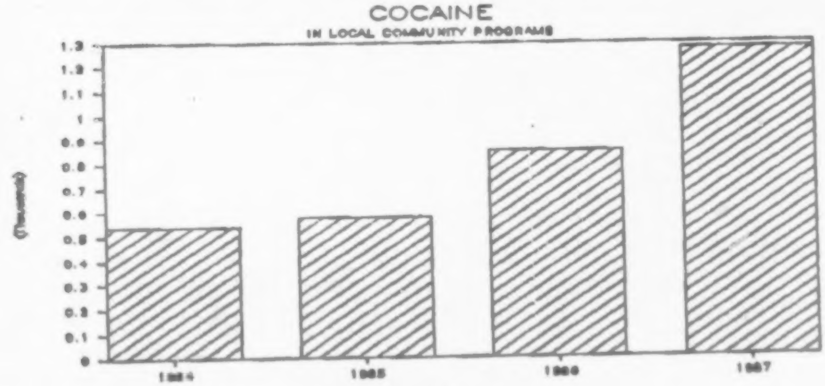
The needs that have been identified in Iowa include additional treatment for juveniles, adults and better access for minorities.

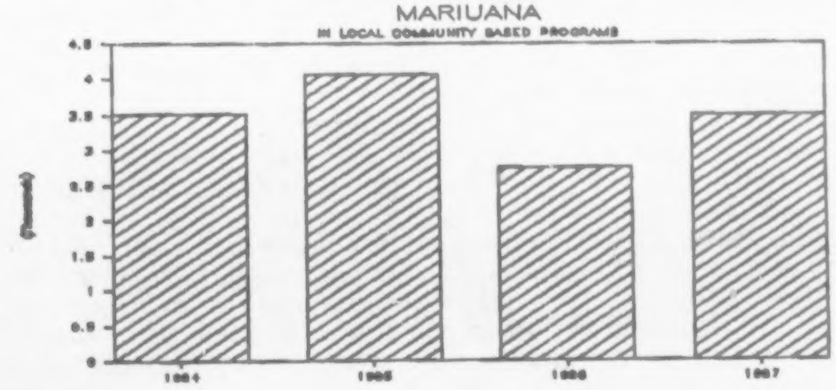
In FY 1988, department-funded prevention programs provided comprehensive services to an estimated 258,651 individuals, equaling 51,974 hours. Comprehensive services offer information, education/skill building, early intervention, alternatives, social policy strategies, and consultation. These services are provided in a variety of settings to a number of targeted groups including youth, teachers, parents, women, and minority groups, as well as the general populations.

The department also funds the Iowa Substance Abuse Information Center in Cedar Rapids. In FY 1988, the center provides journal articles, films, books, pamphlets, and cassette tapes on substance abuse prevention and treatment issues to approximately 12,000 groups and individuals throughout Iowa. A toll-free number (1-800-247-0614) increases citizen access to the center's extensive resources.

Iowa also has additional needs in comprehensive prevention services as well as services to high risk youth.







STATEMENT OF ART SCHUT

Senator Harkin. Next, Art Schut, director, Mid-Eastern Council on Chemical Abuse [MECCA].

Mr. Schut. Which is also known as MECCA which is a little shorter, one of the contracts within the division of substance abuse. We are one of 28 programs that provide services statewide. We through that network of programs cover every county in the State of Iowa.

MECCA itself provides outpatient prevention services to a four-county region and in addition we provide residential treatment services statewide. We have a total of 42 beds, which is about 10 percent of the beds that are available statewide on a community-based system. We have 6 detoxification beds, 12 men's residential treatment beds, 12 women's treatment beds and 12 coeducational halfway house beds.

Our women's program is the only women's program in Iowa that serves women regardless of their ability to pay. We basically provide a full range of services with the exception of adolescent residential services or inpatient services; 50 percent of our funding is State and Federal money. We are licensed and funded by the division of substance abuse.

I have several concerns around issues that I would like to outline. It used to be that in the field about 15 years ago we had a lot of people who used only alcohol and had a problem with only alcohol. Today it is rare to find an individual who uses only alcohol. It's more frequent now that people use multiple substances, although alcohol is the 1 primary problem for most folks.

Intravenous [IV] drug use is increasing and it includes casual and occasional IV drug use. I think most of our information systems are not set up to pick up that statistic. We found that of the people who were identified as primary alcohol patients in our facility, about 36 percent of those people also occasionally use needles. That was not reflected in the data that goes into the State and Federal information system.

Cocaine and crack use is on the increase which is, I guess, obvious at this point. It is our understanding that cocaine and crack are cheaper than marijuana and more available at this point in time. About 5 years ago we had very infrequent admissions for cocaine treatment.

This year about 8 percent of our male admissions and 22 percent of our female admissions had cocaine or crack as a primary drug of choice. The fact remains that 70 percent of the males admitted and 60 percent of the females admitted had alcohol as a primary problem, so alcohol is the No. 1 drug problem.

I have some concerns about the current emphasis upon supply reduction and particularly upon supply reduction to the exclusion of demand reduction. I think we really need to deal with reducing the demand as well as reducing supply.

One of the impacts that supply reduction has which I don't think that most people are aware of is once people get into the criminal justice system, they end up usually being referred to treatment organizations. So in excess of 50 percent of our clientele are connected in some way to the criminal justice system. They may not have been referred by the criminal justice system, but they are in that system.

The criminal justice system is overwhelmed frankly by the influx of folks as are community-based programs. I have also some concerns about rural service delivery. I think that there is a tendency among some folks to view urban services as more important or urban services as more expensive. I really think that rural services are more expensive to provide. One loses certain economies of scale.

Basically we have more patients than we have resources to serve. We are overwhelmed on a continuous basis. For our men's residential unit, for example, with 12 beds, we have averaged a waiting list of 12 people and we have an additional about 30 people a month or 7 men every week who request services but are not put on the waiting list and ask not to be because the waiting list is so long.

We are currently scheduling admissions for September for residential treatment. That assumes that people can wait. Our adult outpatient waiting list ranges from 3 weeks to 2 months depending on time of year.

There, in general, are decreasing resources for those without the ability to pay. We basically have a have-and-have-not system set up, two tiers of treatment, one tier of those with the ability to pay and one tier without the ability to pay.

I also have some concerns about quality of treatment and maintaining the quality of the professional staff that provide that treatment. Salaries in the community-based field are very low. There is a lot of turnover. We frankly have some patients who have more seniority than our staff.

The University of Iowa operates a master's degree program on substance abuse counseling. That master's degree program has been operating now for 16 years. They also operate a summer school that trains health professionals for a week. They run about 400 people through this summer school.

The University of Iowa in all its wisdom has decided to close this program. Effective this fall they are stopping admissions into the master's degree program on substance abuse. It is the only graduate program in the State of Iowa on substance abuse. I have some deep concerns about the decision to discontinue that program.

One final comment. I just want to reiterate, alcohol is the No. 1 problem. If we don't deal with alcohol, there is no way we can deal with our drug problems. Thank you.

[The statement follows:]

STATEMENT OF ART SCHUT

Mid-Eastern Council on Chemical Abuse (MECCA) is a private not-for-profit corporation dedicated to the treatment and prevention of substance abuse related problems. The parent group of MECCA was first founded in 1964 by a group of concerned area residents and incorporated in 1969 as the Mid-Eastern Communities Council on Alcoholism. The name was later changed to reflect the treatment of all substance abuse problems. Our treatment programs and care of those seeking assistance reflect the fundamental belief that alcohol and other drug dependency is a potentially fatal illness which, when intervened with in a timely and appropriate manner, can be successfully treated.

MECCA believes that treatment and rehabilitation are best provided in a treatment setting as close as possible to the patient's home community, to facilitate significant other involvement. Factors found to be significant to individual treatment success include: family involvement and support; maintaining employment; and involvement with community resources and support groups (e.g., AA & NA). Such an approach is commonly termed "community-based" treatment. Involvement of chemically dependent persons in Alcoholics Anonymous and/or Narcotics Anonymous is strongly encouraged.

In 1982, MECCA became distressed with the low number of women receiving substance abuse treatment, and the lack of treatment services specifically designed to meet the needs of women. That distress was transformed into a commitment to substance abuse treatment services specifically for women. The fruit of that commitment was the opening in February 1986 of the only Women's Residential Treatment Program in Iowa which provides primary substance abuse treatment regardless of the woman's ability to pay. MECCA is an organization with a strong and continuing commitment to substance abuse treatment services designed for women.

Iowa is divided into 24 regions for outpatient treatment services. MECCA is one of 28 community-based programs operating within those regions who are licensed and partly funded by the Division of Substance Abuse and Health Promotion, Iowa Department of Public Health. About half of these programs provide residential treatment services. MECCA's service area for residential treatment is the entire state; we operate about 10% of the state-wide community-based beds. MECCA provides outpatient and prevention services to a four (4) county region, which includes three (3) rural counties. These 28 programs form a network which covers Iowa, and makes outpatient treatment available in every county in the state. A close and highly cooperative relationship exists between these programs and the Department of Public Health.

MECCA is a comprehensive treatment and prevention program offering the full range of drug-free services with the exception of residential services for persons under age 18. Our services include:

Information/Crisis Intervention (24 hours): Performed by the intake counselors, includes drug information, counseling concerned family members, crisis intervention with substance abusers.

Assessment/Evaluation: Individual assessments by intake counselors to determine treatment needs and make appropriate referral, includes impaired driver programs.

Outpatient treatment programs: Both adult and adolescent programs, including Short Term Outpatient Program (STOP) Family Education Class (FEC) for parents and their children, and the adolescent outpatient programs.

Residential treatment programs: Including men's (12 beds) and women's (12 beds) residential treatment programs, and Voss Recovery Program, our halfway program (12 beds).

Prevention services: This area covers a wide range of programs and services from school room activities to employer programs to consultation services.

Employee Assistance Program: A private service offered to contracting employers in the region.

Detoxification: A social (drug-free) detoxification service provided as the primary service (6 beds), but most commonly as a preliminary program to the residential programs.

Crisis Stabilization: A program of crisis intervention for Community Mental Health Center and Hillcrest Family Service clients who are typically on psychiatric medications and need a quiet, secure atmosphere in which to deal with a variety of life crises.

There are several trends/issues related to the "drug problem" which I would like to address:

1) Fifteen years ago the typical alcohol patient presenting him/herself for treatment used only alcohol and no other drugs. Today it is the rare patient who uses only alcohol. Most patients presenting for treatment have used multiple drugs including alcohol ..... this is true whether their primary drug of choice is alcohol or another drug.

2) Intravenous (IV) drug use seems to be on the increase. What is particularly distressing is the casual occasional use by a significant number of patients. Most of the data we collect, and which is routed into management information systems at the state and federal levels, regards primary problem drugs at the time of admission into treatment. Concerned about the transmission of the AIDS virus, we did an informal survey about a year ago looking at which patients had ever used a needle to administer illegal drugs. We were then able to compare that rate to the rate reported at admission regarding primary problem drugs. The rate of occasional needle use was about three times that reported at admission for patients using drugs other than alcohol. What was even more frightening was that 36% of patients identified as having primary alcohol problems had at some time used drugs IV.

3) Cocaine/crack use is on the increase. Cocaine is reported by users to now be cheaper and more readily available than marijuana. Five (5) years ago we rarely admitted an individual for cocaine treatment; now cocaine is the drug of choice for about 8% of men and 22% of women admitted for treatment. It should be noted, alcohol is the drug of choice for 70% of male admissions and 60% of female admissions. The fact that alcohol is our largest public health problem does not diminish the increasing negative impact of other drugs. In particular the growth of cocaine/crack use is distressing. Alcohol generally takes a number of years to develop into a serious substance abuse problem. Cocaine can shorten that process to several months.

4) The continued emphasis upon supply reduction, without a significant emphasis upon demand reduction, is a disaster. I have been in the field

of substance abuse for almost 20 years. I view the current "war on drugs" with a bit of cynicism. I recall a similar "war on drugs" during the early 1970s. Frankly, during the time between the last war and this one, I didn't know we were at peace. If we are really going to have a war on drugs, it needs to be a war that is waged consistently over twenty to thirty years; and it needs to be a war that addresses demand reduction with all the resources available. We need to have a "war on drugs" which includes alcohol and which is one of substance rather than political form. We have a pattern in this country of being "tough on drugs" when it is politically expedient. The Reagan administration's "Just Say No" campaign and cutting federal resources for treatment did very little to ameliorate the problem and gave the public the false impression that something of substance was being accomplished. The funds made available the last few years through the Omnibus Anti-Drug Acts have saved us from going under. The State of Iowa's commitment through the Department of Public Health to substance abuse prevention and treatment has been substantial. Yet resources are inadequate to meet the needs.

5) We need to recognize the impact supply reduction has upon treatment services. The criminal justice system provides in excess of 50% of MECCA's referrals and that percentage is atypically low for an organization such as ours. Many of our sister agencies operate with criminal justice referrals at 80% or more of their patient population. One problem with this level of criminal justice referrals is voluntary patients have difficulty obtaining services. A large part of treatment capacity is absorbed by the criminal justice system. In Iowa there is no funding of existing community-based treatment services by the criminal justice system. One solution to criminal justice patients pushing out the voluntary patient, has been to create "slots" for voluntary, as well as criminal justice patients. This delays treatment somewhat for criminal justice patients, but ensures availability of services for the voluntary patient. It should be noted there generally is an excellent working relationship between elements of the criminal justice system and community-based programs in the state; there are local exceptions as is the nature of things.

6) The unique nature of rural areas and rural service delivery needs to be acknowledged. MECCA provides outpatient and prevention services to

three (3) rural counties and one (1) "urban" county ... Iowa City is Iowa's eighth largest city. The area we serve is approximately 50 miles north to south and 72 miles east to west. While Iowa City is not urban compared to other areas of the United States, there are some important differences in our abilities to deliver services in our urban versus rural counties, that I think are applicable to other areas of the U.S.. Services in the rural counties we serve are more expensive to deliver than the same services in an urban area. There are certain economies of scale unattainable in rural counties. Services to rural areas involve significant travel time, as well as a population base which is easily isolated and insufficient to support a significant treatment or prevention effort. Programs such as MECCA, which cover a combined urban rural region, seem to be the best solution. One concern I have is that large urban states will receive a disproportionate share of federal resources in the mistaken belief that service delivery in rural areas is relatively trouble free. States should be given significant latitude regarding federal substance abuse monies ... what's best for New Jersey and/or California may not be best for Iowa.

7) The number of people seeking treatment services from community-based programs exceeds capacity, particularly those people unable to pay the cost of treatment. Waiting lists for treatment for those without the ability to pay are excessively long. For example, MECCA operates a four (4) to six (6) week Men's Residential Treatment Program with 12 beds. Our waiting list for that program has averaged 12 persons and an additional seven (7) men each week choose not to be placed on the waiting list because the wait is too long. We are currently scheduling criminal justice patients for admission in September. The wait for our adult (male and female) outpatient treatment program ranges from 3 weeks to 2 months depending upon the time of the year. We generally have a minimal wait for adolescent outpatient treatment, and no wait for our Women's Residential Treatment Program with 12 beds. Generally, far fewer women seek treatment than men. Iowa's state-wide average is about 20% women patients. MECCA has about 35% women patients, because of a consistent effort to reach out to women.

As resources for those without the ability to pay have decreased compared to the demand for service, we have attempted to be creative in the utilization of our existing resources. For example, most of those arrested for driving while impaired, now participate in a series of three (3) information/evaluation groups rather than have an individual evaluation. We used to individually evaluate each impaired driver, but the volume of referrals so drastically exceeded our capacity we decided to see only in groups patients meeting certain criteria. Group services are more staff time efficient than individual services. Those impaired drivers are seen in groups who meet the following criteria: arrested for their first offense; have no prior alcohol or other drug related legal charges; have no history of substance abuse treatment; have not been in an accident. About 50% of our impaired drivers meet these criteria. All others are individually evaluated.

Those of us in community-based substance abuse agencies are frankly overwhelmed. There are days when we are primarily involved in deciding who not to treat, rather than who to treat.

8) In general, resources have decreased for those without the ability to pay the cost of treatment. One of the great ironies of substance abuse treatment is the sicker the patient is, the less likely he or she is to access hospital-based treatment. As chemically dependent persons become increasingly sicker with their addiction, they tend to lose their jobs, insurance coverage, and family support. Most hospitals base substance abuse admissions on ability to pay (e.g., insurance) ... no ability to pay, no admission for treatment. Hospitals frequently refer such persons to community-based agencies such as MECCA. Some hospitals are straight forward regarding the reason for referral; others use the euphemism, "the patient no longer requires medical treatment" (translated, "can not afford").

We have had difficulties with hospitals refusing to admit patients, labeling them "medically stable", only to have the patient become comotose or experience another serious medical crisis after we have admitted them. It is not unusual for a particular hospital to briefly treat a patient in withdrawal by injecting them with Librium and sending them away with a Librium prescription to manage their own withdrawal, in essence supplying a substance abuser with an abusable drug. I have never seen this happen to a patient with the ability to pay.

In general, because of other economic forces (e.g., DRGs, etc.), there has been a move by hospitals to open substance abuse treatment units as a profit center to generate income for other areas of the hospital. There now exist in Iowa more "ability to pay" beds than "inability to pay" beds. "Ability to pay" beds are under-utilized; "inability to pay" beds have waiting lists and are under funded. Most hospital-based units are under significant pressure to generate income for the hospital at large. If you have the ability to pay, you can receive treatment almost anywhere; without the ability to pay, you may not be able to obtain treatment anywhere. To some degree, we are becoming a third world country when it comes to health care, particularly substance abuse treatment. We have developed a two-tiered treatment system -- one for the "haves" and one for the "have nots". Many times the "have nots" include those employed without insurance benefits or with insurance which excludes substance abuse treatment.

9) One encouraging phenomenon has been a movement by private business and industry, as well as private insurors, to pay for community-based residential treatment in the same manner as hospital-based treatment. Corporations and private insurors have been motivated by health care cost containment. They discovered the same quality of treatment can be provided by a free-standing residential program as an inpatient hospital program. The major difference to the employer/insuror (and employees with co-insurance provisions) is cost. MECCA provides short-term primary substance abuse treatment of 30 days duration for a total cost of about $3,600; the same treatment in a hospital-based unit would cost $9,000 to $12,000. Interestingly, Title XIX in Iowa will not pay for substance abuse treatment outside a hospital, nor will the Iowa State Merit Employees insurance plan. MECCA currently refers Title XIX patients to hospitals where it costs Title XIX three-fold, simply because Title XIX will not authorize payments to free-standing programs. State Merit employees are referred to hospitals as well.

10) The key to quality treatment services is the quality of the professional substance abuse counselors in the field. We have some serious difficulties in attracting and retaining qualifed professional staff. Salary levels for professional substance abuse counselors are so

low that staff turnover is a major problem affecting quality of patient care. It is not unusual to see an ad seeking an experienced counselor for a full-time salary range of $15,000-18,000 per year. Few professional counselors choose to stay in the public sector at those salary rates. MECCA starts counselors at $17,000-18,000 per year and pays around $20,000 after two years. We continually lose counselors to the private sector for wages 20% to 40% higher. Frankly, we have patients with far more seniority than their counselors. Most new funds available for treatment are for additional services which does not address or permit upgrading professional counselors' salaries to a level which enables community-based programs to retain them.

11) There is a need for continuing education for the counselors in the field. Generally, those with the least education have the most client contact. Many counselors are in a second career following their own recovery. The Division of Counselor Education, College of Education, University of Iowa has operated a Master's Degree Program in Substance Abuse Counseling for 16 years, which has made a major contribution to increasing the professional quality of counselors. The program was originally funded by NIDA in 1973 for a five (5) year period. Funding included student assistance (particularly important for those beginning second careers) and two (2) faculty. In 1978 when the grant expired the University decided to pick up the program on the regular budget.

In addition to the regular MA program the Substance Abuse Counseling Program sponsors the Annual Summer School for Helping Professionals. The Annual Summer School is held the week following the regular University of Iowa Summer Session. Community practitioners interested in working with groups, families, and organizations are invited to enroll in one of eighteen different workshops/classes/seminars which run for one week and are taught by experienced persons. During 1987 over 325 individuals participated and in 1988 the number increased to 428.

In 1989 the Division of Counselor Education was informed that the Masters Degree in Substance Abuse Counseling would be phased out. No more students were to be admitted, however, the division will allow students who are currently enrolled in the Masters Degree Program in Substance Abuse Counseling to complete their degrees through the Rehabilitation

Counseling Program. No faculty will be hired to staff the current curriculum. It is extremely distressing that the only graduate level substance abuse counseling program in Iowa is closing due to a lack of commitment by the University.

I would like to make one closing comment regarding the drug problem. The drug which is the greatest threat to public health and safety is alcohol. There is a significant relationship between alcohol and violent crime, domestic abuse, child abuse, and a myriad of health problems. There are in excess of 100,000 alcohol related deaths each year in the United States; this is the equivalent of 4 to 5 fully loaded jumbo jets crashing each and every week and killing all on board. Were we to have such a week in civil aviation, there would be a significant response on the part of all sectors of our society. However, the carnage produced by alcohol is allowed to continue, in part because alcohol is a drug with which many of us are comfortable, use socially, and rarely regard as a drug. I do not wish to be misunderstood as advocating prohibition. However, I do believe we will make very little progress in handling other drug problems until we begin to effectively deal with our alcohol problems. Alcohol is the model for all other drugs of abuse. We will accomplish very little in a "war on drugs" until we include alcohol. We need to increase resources for treatment of all substance abuse including alcohol. We need to see prevention and treatment as points on a continuum rather than separate activities. We need to ensure adequate resources for that continuum for the long-term.

STATEMENT OF TANYA BROWN

Senator HARKIN. Next is Tanya Brown, Clinical Director, Our Primary Purpose, Des Moines.

Miss BROWN. Thank you for the opportunity to speak today. Our Primary Purpose is a private, nonprofit corporation dedicated to treating adolescents suffering from chemical dependency. We accept adolescents between the ages of 13 and 19, although we do accept 12-year-olds on a case-by-case basis.

The two most frequently reported drugs of abuse, like my colleagues reported, are alcohol and marijuana. Most patients have also used cocaine, hallucinogens, and amphetamines. Crack has been reported on a much more frequent basis in the past 6 months and we also see intravenous use is on the rise.

There is no significant difference in the number of patients admitted based on socioeconomic status, race, religion, or residence in the urban or rural areas. We join the medical profession in recognizing that chemical dependence is an illness and that with treatment it may be arrested but never cured.

The American Medical Association first gave formal recognition to the disease of alcoholism in 1956. Our Primary Purpose adheres to the medical model of treatment that includes the disease concept aforementioned, need for total abstinence from all mood-altering chemicals and incorporation of Alcoholics Anonymous [AA] or other 12-step programs into daily living.

Accurate assessment is critical to the treatment of chemical addiction, particularly in the adolescent because adolescence itself is characterized by rebellion. It is imperative this be differentiated from possible chemical problems. It is equally important that the appropriate level of service be provided.

Our Primary Purpose and most other private treatment centers offer both inpatient and outpatient treatment. A multidisciplinary treatment team comprised of physicians, psychiatrists, counselors, nurses, family counselors, continuing care counselors, recreation therapists, and certified teachers provide for the evaluation and treatment of patients.

During the course of treatment, daily group and individual therapy is provided to each patient. Patients are encouraged to relate their feelings and behavior toward their chemical dependency and other major life issues.

The goals of group therapy include the patient's commitment to his or her own recovery. This is outlined by an individualized treatment plan and 12 steps of AA or sister programs, habilitation of a personal spiritual program, although not necessarily religious, and the development of new attitudes and behaviors. Patients are also required to attend education lectures, an onsite school program.

Life in treatment is not all work. It is very important that kids know how to play. We use new games theory, a holistic noncompetitive game program.

Patients' families are required to participate in the child's treatment, if they have families. Family members meet with counselors, attend 7 family week and learn how their behaviors support the child's drug abuse.

All high-quality treatment centers offer a variety of continuing care and support groups after the patient leaves treatment. At Our Primary Purpose we provide 1 year of aftercare groups to address the child's needs. We also think that sober fun is a critical part of the teenager's recovery process. Dances, barbecues, volleyball, and the like are provided for them.

Rising costs in health care and recently imposed insurance restrictions are making the goal of providing treatment very difficult. While we are still able to provide scholarships to medically needy families, it is more and more difficult. Many programs are no longer able to provide care to people without health insurance. Many insurance companies are also imposing strict, ridiculous criteria for allowing chemical dependency services and some allow only one treatment per lifetime of the insured.

Given that chemical dependency is an illness like diabetes, it does not follow that one hospitalization would be adequate for a lifelong illness. Many companies also limit 30 days of an inpatient treatment. That's simply not accurate to address the host of problems presented in the adolescent.

In order for chemically dependent teens to receive immediate care, lawmakers must mandate insurance benefits for chemical dependence and remove the unreasonable restrictions placed on the length of stay, remove failure at outpatient as a requirement for inpatient admission and allow repeated admission when necessary.

Second, they must provide high-quality treatment programs for families without insurance or other financial resources. A high-quality adolescent program must include an extended length of stay to achieve habilitation, an approach that incorporates treatment of the physical, psychological and spiritual condition, the inclusion of family care and minimum of one year of aftercare.

Senator HARKIN. Thank you very much, Miss Brown.

[The statement follows:]

STATEMENT OF TANYA BROWN

Our Primary Purpose is a private, non-profit corporation dedicated to treating adolescents suffering from chemical dependency. Our Primary Purpose currently operates acute care treatment facilities through management contracts at Iowa Lutheran Hospital and Mercy Medical Center. The program remains autonomous and is governed by its own board of directors.

Our Primary Purpose accepts adolescents between the ages of 13 and 18. Twelve-year-olds are accepted on a case-by-case basis. The two most frequently reported drugs of abuse are alcohol and marijuana. Most patients have also used cocaine, hallucinogens, and amphetamines. Crack has been reported on a much more frequent basis in the past six months. Intraveneous use of amphetamines and narcotics has been reported more frequently in the past year. There is no significant difference in the number of patients admitted based on socioeconomic status, race, religion, or residence in urban or rural areas.

Our Primary Purpose joins the medical profession in recognizing chemical dependence as an illness and that, with treatment, it may be arrested but never cured. The American Medical Association gave formal recognition to the disease concept in 1956. In so doing, the medical community agreed that drug and alcohol dependency did indeed fit within the following basic criteria of an illness in that it is described by physiological and behavioral symptoms, is predictable, is progressive, and is fatal.

Our Primary Purpose adheres to the medical model of treatment. This model includes the disease concept aforementioned, the need for abstinence from chemicals, and the incorporation of Alcoholics Anonymous 12 Step recovery program into daily living. The role of Alcoholics Anonymous cannot be under estimated. Alcoholics Anonymous has gained world-wide recognition for its effectiveness in assisting alcoholics in recovering. Conservative estimates of AA membership top the 1,250,000 mark, with over 50,000 groups in 110 countries. At least 15% of AA's members are age 30 or under. The program of Alcoholics Anonymous is based on 12 steps designed to facilitate the recognition of the problem of addiction; the importance of spirituality in the recovery process; the reparation of relationships with family and colleagues; and the importance of helping other alcoholics.

Accurate assessment is critical to the treatment of chemical addiction, particularly in the adolescent. Because adolescence itself is characterized by rebellion, it is imperative that this be differentiated from chemical problems. It is equally important that the appropriate level of service be provided. Teenagers in later stages of dependency must have inpatient treatment available, while teens in early stages of chemical dependence may be treated in a structured outpatient program.

Our Primary Purpose offers both inpatient and outpatient treatment. A multidisciplinary treatment team comprised of physicians, psychiatrists, counselors, nurses, family counselors, continuing care counselors, recreation therapists, and certified teachers provide for the evaluation and treatment of patients. The treatment team is responsible for the development of an individual treatment plan based on each child's strengths and need areas. Outside consultants are utilized as needed to meet the needs of individual patients.

During the course of treatment, daily group and individual therapy is provided to each patient. Patients are encouraged to relate their feelings and behavior toward chemical dependency and other major life issues during group sessions. The goals of group therapy are commitment to recovery, outlined by treatment plans and AA steps; habilitation of a personal spiritual, although not necessarily religious, program; and development of new attitudes and behaviors.

Patients are required to attend a daily educational program on such topics as chemical dependency, AA, relationships, sexuality, nutrition, health and wellness, and other relevant subjects.

Each patient is also required to attend a daily on-site school program, staffed with certified teachers and aides. If the patient has completed a secondary school program, he/she is still required to take vocational courses or participate in developing an individual career planning program.

Life in treatment is not all work; adolescents are also taught how to play. Using "new games theory," a recreational/physical fitness program is an integral part of the holistic treatment program.

During the adolescent's primary treatment, the patient's entire family is required to participate in the patient's treatment. Family members meet with counselors, attend a "Family Week" of counseling and education, and are encouraged to join AA and Al-Anon group meetings in order to better understand how the disease has affected the entire family and what can be done to arrest it.

High quality treatment centers offer a variety of continuing care and support groups to go along with the many stages of recovery. Our Primary Purpose provides one year of continuing care services that include individual, group, and family counseling in sites around the state. Family members are also required to attend on-going support groups.

Sober fun is a critical part of a teenager's recovery process. Dances, barbecues, volleyball and the like are included in each child's continuing care plan. Community service is equally important and patients are encouraged to be involved in a variety of community service activities.

Rising costs in health care and recently imposed insurance restrictions are making the goal of providing treatment increasingly difficult. While Our Primary Purpose is still able to provide scholarships to medically needy families, it is more difficult and many programs are not able to provide care to people without health insurance. Many insurance companies are also imposing strict criteria for allowing payment for chemical dependency services, and some allow only one treatment per lifetime of the insured. Given that chemical dependency is an illness, like diabetes, it does not follow that one hospitalization would be adequate for a lifelong illness. Many companies also limit coverage to 30 days of treatment. Thirty days is not adequate to address the host of problems that need to be addressed.

In order for Iowa's chemically dependent teens to receive needed care, lawmakers must:

1. Mandate insurance benefits for chemical dependence, remove unreasonable restrictions on length of stay, remove failure at outpatient treatment as a requirement for inpatient admission, and allow for readmission when necessary.

2. Provide high quality treatment programs for families without health insurance or other financial resources. A high quality adolescent program must include an extended length of stay to achieve habilitation, an approach that incorporates treatment of the physical, psychological, an spiritual condition, inclusion of family care adequate to reunite families, and a minimum of one year of aftercare that includes individual, group, and family counseling.

There is little question that an investment made today will be returned ten-fold in the increased quality of human lives, and in the decrease in the enormous suffering and cost of chemical dependency.

STATEMENT OF MELISSA BELL

Senator Harkin. Next, Melissa Bell.

Miss Bell. Thank you, Senator Harkin. I guess I am the proof. In 5 minutes unfortunately I don't have enough time to tell you all of the things that led up to my using and drinking or all the things I believe lead most kids to use and drink.

What I can tell you is that by the time I was 9 in fifth grade, and the other panelists were talking lot about fifth grade, by the time I was in fifth grade I had felt lonely and different and unlike my friends for a long time. I come from a dysfunctional/broken/alcoholic family, although not all my friends who are now recovering do.

A lot of the feelings I had, came from being raised in that environment. However, a lot of the feelings I had were just normal and all kids have those feelings. When you get around fifth or sixth grade or even fourth grade, when your body is changing and your mind is changing and you don't have a lot of support and you don't have a lot of answers that you need, you turn to your peers. That's what we did. The unfortunate part about that is that our peers didn't have any answers either. We all pretended like we did.

My formal introduction to alcohol and drugs happened between ages 11 and 12 and I can tell you that it was not my problem. It was my solution. When I was drunk, I was no longer fat. I was no longer ugly. I was no longer different. I was no longer scared to be around anybody. All of the insecurities that come with being that age and trying to go from the transition of being a child to being a teenager, all of those fears were gone. I think that happens for most adolescents.

It didn't take long for the situation to turn around and for using and drinking to become my problem. I used and drank for probably 4 or 5 years and in that time every year in my life was demolished.

I was a straight A student until that time, until about seventh grade, and by the time I got sober I was getting D's and F's in school and getting expelled, dropping out. I had no communication with my mother or my alcoholic stepfather.

I have a brother 5 years younger than I am and I raised him for a lot of years. I had no communication with him either. I guess the bottom line is that nothing I cared about mattered anymore. By the time I got sober, I was doing anything I had to do to get high or get drunk. When you're 13, 14, and 15 years old, a lot of times doing whatever you gotta do means going to great lengths in order to get the money and the drugs and/or alcohol.

I went into Our Primary Purpose on October 27, 1983 and, by the grace of God who worked through those people, I haven't had to drink or use since that day which means I have been sober for over 5½ years now.

I'm 21 today and what has happened for me is that I have grown up and become a young sober adult. I have gotten to see in our community in Des Moines a lot of the things that are happening.

When I went through treatment the first time, and I did go through twice, nobody from my high school had gone through treatment. When I came back, nobody understood where I had been or what had happened to me. There were a lot of rumors that

I had gotten pregnant and sent away or I was in the psych ward. No one understood what treatment was. Today I think that it's a lot more well known or more people know about treatment, but not a lot of people know what goes on there.

The panel that was on before us were talking about targeting fifth graders. I can remember fourth grade Berkley Health. We had a textbook that tried to explain what each of the different pills looked like and what their names were, but we didn't learn about what could happen to you. Also I think that the commercials that we see on TV today, the fried egg and saying, "This is your brain and this is your brain on drugs," and watching the egg fry, that's great, except when I was drinking and using, a lot of people died from it. That didn't scare me.

See, I didn't get sober because I was scared of dying or because I thought I was going to get in a car wreck. I didn't take my friends' keys at parties. That wasn't important. When I finally got sober, it was because I didn't want to feel like dying anymore every day and I didn't want to keep doing things I knew were wrong and I didn't want to do just to get drugs and alcohol.

I think that we approach the problem on a feelings level. I didn't know that there were other people who thought the things I thought and who did the things I did. I thought that I was pretty alone.

When I got to Our Primary Purpose, for the first time in my life people said, "We love you no matter what you do." Teachers and police and authority people, they can tell you that and they can mean that when they tell you that, but as a 4th grader or 5th grader or even a 10th grader, you don't believe it or you're scared to believe it. You're scared to trust it.

When I got there there were other kids just like me who were saying, "I have done that too and I have felt like that. It's OK to feel like that." I never knew that before. I think one of the most important things we need to address is to let adolescents know that, No. 1, they are not alone in the way they feel.

It has two ends. On the one end education needs to happen before fifth grade. It needs to happen real early on. Kids know when there is a problem in their family or with someone they know and they need to understand that it needs to be more than "Say no to drugs."

On the other end, when someone has been using and drinking for 6 months straight and can't get of bed to brush their teeth because they are shaking too much and they see Nancy Reagan on television saying, "Just Say No," it's not that easy. You can't just say, "no."

I think the problem needs to be addressed with children, kids, young kids and also to the people who are suffering because there are people dying every day because of this disease who maybe don't know that they are not the only ones who feel the way they do or do the things they do and there is another way of life. I certainly never knew it until I was sent to treatment. My time is up.

Senator **Harkin**. Take a little bit of extra time if you have anything you want to add.

Miss **Bell**. Since I have gotten sober, I have gotten the opportunity to see this area grow in our community and I think it's real exciting. However, as I said, I think education needs to happen at a much younger age by people like me who are willing to go into the schools and say to the kids, I can relate. It hasn't been that long since I was in the fifth grade. I can remember what it feels like to get your first F on a test or even get your first training bra.

Things are going on with these kids that no one will address because they are scared to. They need to be addressed. These kids need to know that it's OK to be insecure and it's OK to feel like you're alone except that instead of finding drugs and alcohol, if all this doesn't happen in your solution, deal with it in a different way. I think the education programs need to be run or at least administered by younger people, people who have been through it. I have a real hard time with people who are not chemically dependent trying to talk to people who are or trying to educate people about the disease.

There are a lot of recovering young people in Des Moines, I know, that are more than willing to go in and do things like that. I have done a lot of things since I have been sober. I have traveled throughout the State to a lot of schools, junior high schools, and given my personal story in front of a class or two.

Every time we get done after our talk, at least two or three kids will come up and say, "I have a friend who is doing this. What do I do?" "Yeah, I felt like that. What should I do?" It's real effective.

I also think it's sad that poor kids can't go to treatment because they don't have insurance. I was real lucky. I come from a part of Des Moines where a lot of kids don't have insurance and I was telling Tanya before we came up here, most of the kids that I went to school with, a lot of them are in prisons now and a lot of girls that I went to school with are unmarried on welfare with kids.

I was lucky that I got to go. I think that God wanted me to be there or I wouldn't have made it. A lot of kids don't have insurance, can't go. The scholarship funds aren't always there. I think that's real sad.

In the 5½ years that I have been recovering, and this may be an exaggeration, maybe not, but a lot of kids from Roosevelt and Valley have gone through treatment and not very many kids from East or North. When I was at East, I was there for 2 years sober after I had gone through treatment.

The first year I was alone because no one else had gone through treatment. I went to lunch by myself. I went to classes by myself. I can remember feeling like I was different, I was an oddball, I'm not popular. What I had to realize was that—I don't think it happened until about the end of my senior year, but people started coming up to me saying, "I think it's real neat what you have done."

I don't know if any of that has made any sense, but there are so many things that we can do but the funds aren't there. Tomorrow I'm going to go tape a public service announcement for KCCI, channel 8, here in Des Moines and I guess I'm real excited about this. I think the approach we are using is often a feelings level and it's probably going to be effective. But that's only one of many, many things that can be done even to scratch the surface. Thanks.

Senator **Harkin**. Melissa, thank you.

[The statement follows:]

STATEMENT OF MELISSA BELL

My name is Melissa Bell, and I am an alcoholic. I'm also addicted to marijuana, LSD, and every other mind-altering substance I have ever tried. I suppose I could say that I am chemically dependent, to cover all of the bases, but somehow that sounds too sweet. The truth is that I'm a drunk and a drug addict. Thank God, however, because I am recovering day by day from the chronic, progressive, fatal disease from which I suffer. My story is not unique. Thousands of people have been through the things I have. The miracle is that I have lived to tell it.

Early childhood memories are few. My mother divorced my alcoholic father before I turned three and I've only a couple of recollections of my life before I went to kindergarten. I assume from the stories my mother has told me over the years, my subconscious has chosen to black out the first years of my life. I've heard that my father was rarely at home and when he chose to appear, he was usually drunk and often violent. There were a couple safe places my mother and I stayed and I do remember playing at my grandmother's and aunt's houses.

As I stated before, my first memories are of school. Being in school was my refuge; there, I could shine. I walked into kindergarten knowing how to read and write and I remember feeling so proud. My teacher that year, who I remember vividly, would hug and kiss me and I felt loved.

That year my mother married the man who would be my stepfather until I was sixteen. He was an alcoholic. The next five or six years of my life were, for lack of a more accurate term, totally insane. I grew up very quickly and became the mother in our home. My mother had a son with my stepfather and I became his parent.

I continued to excel in school. My report cards were always filled with the highest marks and words of praise. I had many friends, and all of the teachers seemed to take special interest in me. To anyone who was unaware of the truth, which included almost everyone, I appeared as a perfect kid. Unfortunately for me, the school day always came to an end and I had to go home.

So that I will not misinterpret the facts, I must say that I was never tortured physically or left for days without food. The abuse in our home was never physical. However, as I have learned over the past few years, emotional abuse can leave scars as deep, or more so, as a beating.

From first or second grade, I became responsible for the welfare of my brother and myself. My mother worked as a waitress and every day when we returned from school she was asleep. I would fix something for us to eat, find something for my brother to do, and then clean the house. I have few memories of playing after school or spending time with the other children in our neighborhood, as there was always something that needed to be done.

My mother would wake up sometime late in the afternoon and get ready for work. She seemed to work every night. The few hours between the time she left for work, and the time my stepfather came home, were our favorite. My brother and I always found something to do. I guess we had to.

As I said before, my stepfather never hit us. There was however, a feeling of doom when his car pulled in the driveway. From that time until it was time for bed, we had to play somewhere other than in the living room and be as quiet as possible. As I think back now, my brother and I always seemed to find something we could do to have fun. We became very close over those years and although times were not the best, our relationship is very good today probably because we clung to each other back then.

I have already spent too much time describing the early years, but they are so very important. That was where I first learned what it meant to be an adult. Unfortunately, I had no business learning that yet, whether the messages I received were healthy or not.

I must add that over these years I had very few experiences with my natural father. I knew the names my mother called him and I knew he did not pay child support. He didn't call me. Occasionally I would call him. This resulted in the oh-so-predictable broken promises of the alcoholic parent and the broken heart of a child. My mother would tell me over and over that my dad was sick. She'd tell me that my dad was an alcoholic and that he didn't know how to love me. How right she was.

Once again, I have included all of this information because this time is vital in any child's life. I learned many attitudes and many behaviors before I ever took a drink. For example, I learned that an alcoholic was someone like my father or step-father as well as the skid row, bottle-in-a-bag type. I also learned that a "drug addict" was someone like the older boys who lived down the block, who had long hair and looked mean. I learned through example and practice that if a person is nice and acts right in public and always keeps their house clean, everything must be all right. And if everything is not all right a person will pretend like it is. Those are the things children learn in alcoholic families. Those are the things that made me a prime candidate for this disease before I took my first drink.

I do not remember my first drink of alcohol. Other than the sips of beer that older relatives thought it was funny to watch a child drink, I assume my first experience with alcohol must have been during the summer after my sixth grade year. That was also the time I first tried marijuana. I do remember that experience very well.

Until that summer of my life I always felt different than everyone else. I compared my insides to everyone else's outsides, meaning the way I felt with the way they looked. When I was at school all of the other kids looked so normal. And when I went home after school I was always aware of how abnormal I was. When I used marijuana that afternoon because I wanted to fit in with the new group of kids I had found, suddenly I didn't feel different. I no longer felt alone. I no longer felt ugly or fat or boring. I had found my solution.

That very first time may have been because of peer pressure, but at no time after that did anyone ever have to ask me twice to use drugs of any kind. I had been set free. Free from the bondage of all of the responsibilities I had been living with for so long. Free from all of the worries and concerns I had been burdened with. Free from the negative feelings that had been building up inside of me for so long. Nothing seemed to matter anymore.

Very quickly, my life deteriorated. The few things that were important to me suddenly were not as important as getting my next drink or drug. I stopped taking care of my brother, who was therefore left all alone. I stopped hanging around with the friends I'd always had because they were no longer like me at all. I stopped caring about anybody or anything, even school, which had been my favorite place for so long.

Without going into a lot of detail, I will say that within four to five years, I became a completely changed person. By the time I finally got sober I cared about absolutely nothing, even myself. My new group of friends did things like breaking into houses, robbing gas stations and people. Not only was I introduced to almost every type of street drug, I learned how to get them. I can remember stealing from my family, my mother's secret hiding place and my brother's allowance savings. There were many nights I didn't come home. I learned early in my using career that sex could get me almost anything and that I used frequently.

The consequences I suffered began shortly after I began using. At age twelve, the winter of seventh grade, I spent my first night in jail for public intoxication. After that happened I was made to see a school psychologist once a week for the rest of the school year. By then I was an experienced con artist and he eventually told my mother to let me have more freedom.

The consequences at school were reflected in my grades. I went from a straight A student to being suspended often and either barely passing or not passing at all. I couldn't concentrate on school when I was high on something and the friends I had didn't think school was "cool" anyway.

At home any relationship I may have had with my parents was gone. My mother would question me about what I was doing and many times we fought. Near the end we physically fought with each other often. They say "it takes one to know one," and my stepfather always knew when I was drunk. However, his words weren't worth a lot because he was drunk also. The relationship with my brother suffered the most. I had practically raised him and by the time I got sober, I had stolen his money, threatened his life and physically beat him many times. No one in my family trusted me at all.

The most harmful consequences I suffered due to my using were the ways I felt inside about me. In the beginning drugs and alcohol were my solution to all of my problems. In the end, I had no solutions and many more problems. I can remember the pitiful demoralization I felt when I would go to school and hear about the things I had done the night before during a blackout. I can remember waking up in the mornings and looking in the mirror, wondering who I was and why I was doing the things I was doing. I can remember waking up next to someone I didn't know in a strange place with the high worn off, feeling like the worst person that ever lived. And the most terrifying of all memories are the times I would wonder if there was a God and praying that if there was, he would take me from living like I was. I had no solutions. I had no way out. Doing drugs wasn't fun anymore. It controlled me. It ran my life.

Then one day a miracle happened. During a blackout of which I still have no recollection, I asked for help. My mother had no idea of the extent to which I had gone and during a drunken blur I told her. Everything. She called a crisis line and hours later I "came to" in a detoxification unit of the county hospital. I was sitting in a room with people I didn't know, wearing hospital pajamas and I was saying something to them. I immediately wanted to run away and tried to deny anything I may have said. Because I was a minor, I had no choice but to stay and I wasn't released for two weeks.

Looking back to that time, I have to say I do not believe that people can be "scared straight." If that would have been possible, I never would have used anything after that time. I saw people going through delirium tremors, hallucinations and having violent reactions to their withdrawals. After that experience I was convinced I was not an alcoholic. After all, I sweat and shook a little but nothing like the other people in there!

Because I have spent so much time explaining my disease, I'm afraid I've not much time to talk about my recovery. I will try to summarize in a few short pages what has happened over six years' time.

After my experience in detox, I was court-ordered to a treatment facility in Council Bluffs, Iowa. I was there for 70 days and although I was not yet ready to get straight, I learned a lot about the disease called alcoholism. I thought that with my new found knowledge, I could surely control my using. Fortunately, it only took nine months of drinking and using for me to prove to myself that the people in that treatment center were probably right and I probably was an alcoholic.

I have to say that when I finally admitted it to myself, I was so relieved. As I said before, I always knew I was different than everyone else, but I was beginning to believe I was insane. When I realized that I was not insane, only alcoholic, and that people do recover from this disease, a great burden was lifted.

On October 27, 1983, I was admitted into Our Primary Purpose at Iowa Lutheran Hospital in Des Moines. Through the grace of a Power I call God, and with the help of many wonderful people, I have not found it necessary to drink or use drugs since that day. I wish I could put into words all of the unbelieveable miracles that have happened in my life but I am afraid I cannot. I will tell how every area of my life has improved.

Since I got sober at sixteen years old, I went back to high school and faced all of my old friends. I never did get straight A's again, but I found new friends and I graduated on schedule. That in itself was a miracle!

I learned how to earn money in a responsible manner and got a real job. Since the day I got straight, I've not had to steal from anyone, rob any businesses, or sleep with anyone for money. The miracles continue!

I think some of the neatest changes that have happened are in our home. After I got sober my mother asked my stepfather to either stop drinking or leave. He left and our family continued to change. My mother quit her waitress job and went back to college. She worked very hard and got a degree in counseling. Ironically, she's now a family counselor at Our Primary Purpose.

I believe the amends I needed to make to my brother were the hardest of all. But over the years we've rebuilt our relationship and now we are very close again. He is at the age now where he actually thinks his big sister may have some useful advice. He comes to me with his problems and I am eternally grateful that I have him in my life again.

Since I have understood my own disease I have begun to understand my father's disease and the reasons he has been the way he has. My mother was right all those years ago when she said my dad was sick. Today we have somewhat of a relationship. Of course it's not like the Cleavers, but I've come to accept that it never will be. He is my father and I do love him in spite of the faults we share.

To close, I will say that the most beautiful miracles have happened inside of me. Today I really believe I have worth. No matter what has happened in the past, God made me, and therefore I am good. He has forgiven me and through His grace, so have I. I know that it took every single situation that I've been through in order for me to be the person I am today. And that person has a lot to offer. I believe my purpose is to be of maximum service to God and my fellow man, today, and I am very happy when I am doing just that.

No life is perfect, not even mine. I still have bad days and painful situations. The beauty is that I no longer have to drink or use to cope with them. I am free at last to live life and, in my heart, enjoy it.

Senator **Harkin**. We always save the best until last. I appreciate your testimony. I read your testimony last night and I thought, I wonder if she can present in person as well as she can write. You haven't disappointed me a bit. That's great, what you just said. Your writing is wonderful. Did you write this?

Miss **Bell**. Yes.

Senator **Harkin**. You have a great writing ability. I don't understand what you have been through because I haven't experienced it. But your story is a very touching one and I think it is again proof positive that if given the right breaks, the right counseling, the right support, all the other things, that confidence-building, self-image building, young people can overcome drug addiction.

There are a lot of conflicts in young people today that I did not have to face when I was your age or younger. I came from a nuclear family. I came from a small community. Relatives lived around us. I went to a two-room school, just all those things that supported you.

We would all like to turn the clock back if we could and move on. We now live in a different kind of society. We have to recognize the unique pressures that young people now must face. I never watched television until I was a sophomore in high school.

We didn't have all those ads bombarding us all the time. Young kids today have a lot of pressures on them.

Miss **BELL**. We do.

Senator **HARKIN**. I see it in my own kids. I have a daughter 13 and another daughter 7 and the pressures that are on them, things that they are bombarded with are things that never happened to me when I was a kid.

Miss **BELL**. I think that, if I may, there are a lot of pressures on kids, but we can't deal with it by giving them pat answers like "Just Say No."

Senator **HARKIN**. I think that's right. It's got to be an ongoing educational process. For example, in your own case, if you had had a program like Smoother Sailing. Are you familiar with this program?

Miss **BELL**. I have heard a little bit about it.

Senator **HARKIN**. In grade school they have a counselor for every small number of kids who talks with them every day about their personal problems, home life, "What are you thinking about?" It's not the "I'm up here and you're down there" sort of counseling. It is done in a very professional manner with these kids and these kids a lot of times, at least the ones that I have seen, look forward to the time they spend with the counselor. That's the only time they have to interrelate with someone, tell someone their problems and have someone understand what is going on.

Miss **BELL**. I am for anything that will help them.

Senator **HARKIN**. A lot of times they come from single-parent families, low income, some of them have parents in prison or, like you, their father is an alcoholic, all kinds of problems at home. The only place they can get any counseling is at school.

Miss **BELL**. That's really neat. School was my refuge. I hated the end of the school day because I had to go back home. If there would have been someone that I could trust or that I didn't feel was real authoritative above me or that was going to punish me or whatever—I think now when kids go to teachers and counselors and say, "This is going on," the teacher or counselor is much more likely to believe them or take action on it. In the past it has been such a hush issue that even if a kid were to say something, they would be told that it's OK or it's not so bad.

Senator **HARKIN**. You finished high school?

Miss **BELL**. Yes; I graduated from high school in 1986.

Senator **HARKIN**. Are you working for Our Primary Purpose?

Miss **BELL**. I work for Our Primary Purpose at night and I am going to DMACC right now.

Senator **HARKIN**. I think you would make a great counselor.

Miss **BELL**. Thank you.

Senator **Harkin**. You say you started drinking when you were 12 years old?

Miss **Bell**. Yes.

Senator **Harkin**. Where did you get the alcohol?

Miss **Bell**. At that time there were some girls in my neighborhood who were older than us. To start with it was just friends of mine, their older sisters, older brothers. Once you start, you drop all your old friends who don't want to go on this crusade with you and get all new friends.

Once you get to know these people, you know the dealers and you know the gas stations in Des Moines who will sell you beer. You know who to call if you can't get it.

My mother could testify there was one summer that she thought I went to Adventureland like twice a week because I would tell her, "I'm going to Adventureland." She would give me $20. That would give me $20 to spend on drugs and a whole day to go use them.

You lie, cheat, steal, do what you've got to do, but when all the people you're friends with are doing it too, you can justify it in your own mind. You know, there's always going to be someone worse off than you.

I remember when I first started acid it was the same thing, "I'm not a druggie. Druggies do acid." Then when I was eating acid twice a week, it was like, "I'm not doing heroin." That happens for everyone.

Senator **Harkin**. Do you see a difference in the young people and the drugs they are taking today and what you did just 6, 7 years ago? Is there more crack and cocaine used by individuals you are now counseling at Our Primary Purpose? Has there been a change or is it still starting with alcohol?

Miss **Bell**. Tanya can probably answer that better than I can.

Miss **Brown**. We have seen an increase in crack and cocaine. Alcohol is still the gateway drug. Alcohol and marijuana are consistently neck and neck in the No. 1 drugs reported; 1 year ago we didn't see crack. Today I would say 15 percent of our admissions have at least experimented with it or are addicted to it.

Senator **Harkin**. Let me return to funding Iowa receives from the drug abuse block grant which is funded through the Alcohol, Drug and Mental Health Administration. Mr. Austin, Iowa received $4.3 million last year and $4.8 million this year. Again, how was that money used?

Mr. **Austin**. I will do my best. I am in charge of licensure and that is licensing the programs and treatment aspect of it. I apologize. The director and the fiscal contract administrator are both out of State. But the block grant moneys related to treatment and, say, the contracts—we have programs submit contracts, applications for that money and money is open and competitive throughout the State. At this point in time we have 30 contracted programs in the State.

Senator **Harkin**. Thirty contract programs?

Mr. **Austin**. Approximately.

Senator **Harkin**. I need a better handle on how that $4.8 million is used.

Mr. **Austin**. That would be exact dollars.

Senator HARKIN. Who would I get that from? I need a more detailed breakdown on how that money is used.

Mr. AUSTIN. Senator, I have a copy of our last plan. The State plan on page 70 did break the Federal block grant down. The money that came to the State of Iowa totaled about $4 million, $1.5 million for alcohol and for drugs as you can see on your exhibit B there.

Senator HARKIN. In the 1986 and 1988 drug bills we changed some of the block grant. We put in a program called the alcohol drug treatment and rehabilitation block. It was funded for 2 years. I pointed out earlier this year, in April of this year, that there were still $777 million still unclaimed by the States from these programs. Do you know how much Iowa has received from that ADTR Program, alcohol drug treatment and rehabilitation block? If you don't, will you submit that to me for the record?

Mr. AUSTIN. I sure will. Preliminarily I thought that it was around—Iowa got about $4 million for treatment, for treatment alone.

Senator HARKIN. You got $4.8 million for the block grant, but there is another portion of the block grant that deals with this other——

Mr. SCHUT. Moneys coming from the Iowa Anti-Drug Abuse Act?

Senator HARKIN. Yes.

Mr. SCHUT. That money was distributed to programs supplemental to their contract with the State and it began in 1986 and programs have received the additional money. That money in terms of its delivery at the treatment program is being used.

Senator HARKIN. I don't know what the State's total budget for substance abuse treatment is. I need to know how much of that comes from the Federal Government. My staff will be shortly in touch with you to find out. Do individual counties contribute to these programs?

Mr. SCHUT. Some counties do. Some do not. It's discretionary on the county's part. The legislature passed a bill. The Iowa legislature took over some additional funding responsibility and at that point in time prohibited counties from levying for substance abuse treatment.

Counties may levy for substance abuse prevention and they may pay for treatment out of other funds that are available. Our program for example, gets about 20 percent of its income from counties, so the counties provide substantial support. But two of our counties don't.

Senator HARKIN. How do you evaluate the services you receive from the Alcohol, Drug Abuse and Mental Health Association?

Mr. SCHUT. The services we receive from them, you mean in terms of dollar amount or——

Senator HARKIN. And cooperation and that kind of thing.

Mr. SCHUT. Primarily we work through the division of substance abuse and so we receive a high degree of cooperation with the division and have a good working relationship.

One of my distresses about the block grant money is that the block grant money which is being made available to us for treatment is decreasing. The block grant money made available for prevention is increasing which is fine, but we in essence are going to receive this year in total State and Federal dollars about the same amount that we received in fiscal year 1988.

Senator HARKIN. I understand that some has been cut back because of a redistribution formula. I am looking at that right now and we may be able to handle that.

Mr. SCHUT. One of the frustrations is getting the same amount of money every year or having that amount decreasing slowly as demand is building. You have resources decreasing and demand going up.

Senator HARKIN. How much money do you receive from ADAMHA?

Miss BROWN. We don't. We are private.

Senator HARKIN. Who do you get your money from?

Miss BROWN. From party payers and insurance companies and private citizens and corporations particularly in Des Moines who donate money to us and we use that for medically needy families.

Senator HARKIN. So now, Melissa, you are a counselor there, aren't you? What if you have people who don't have insurance? They couldn't come to Our Primary Purpose, is that right, because the families don't have insurance? How did you get into Our Primary Purpose? Did you have insurance?

Miss BELL. At that time my mom was still married to my stepfather, so I did have insurance. But I went through treatment twice and I'm not sure if I'm correct, but I believe that now some of the policies, laws, whatever have changed and if I had to go through treatment again, that same insurance policy would not have covered me or would not cover me today.

Senator HARKIN. What happens to people without health insurance?

Miss BROWN. We try to treat them with our scholarship fund and that is becoming more and more difficult.

Mr. AUSTIN. I think that's where the public system comes into play, with the 34 or 35 programs throughout the State publicly funded. These individuals have been treated by the community-based treatment system. These community-based treatment programs are comprehensive in nature and do provide services to the juveniles and have an obligation to place them in a residential setting based on these programs do have sliding fee schedules meaning that they do have an option to try and collect. But they are obligated to provide services to these individuals.

Senator HARKIN. Does the State have the capacity to handle all of the people without insurance coverage?

Mr. AUSTIN. No.

Senator HARKIN. So we have some people falling through the cracks.

Mr. SCHUT. There are a lot of people who fall through the cracks and there is a tremendous amount of difficulty getting people into treatment, particularly people who don't have the ability to pay. There are simply not enough beds.

Senator HARKIN. Do we know how great the need is? If you don't know, could you get it and let me know.

Mr. SCHUT. We can put together a waiting list.

Senator HARKIN. I would like to know what the waiting list is like.

Mr. **SCHUT**. Basically for people who have the ability to pay, there are the resources available. The problem is the people who don't have the ability to pay.

Senator **HARKIN**. I would think that would be the bulk of it. Is my assumption incorrect?

Miss **BROWN**. Your assumption is correct.

Senator **HARKIN**. They don't have any way to pay. They don't have insurance.

Mr. **SCHUT**. If people have insurance and they don't get treatment, ultimately they don't have insurance because they lose their job and insurance and all those things too.

Miss **BROWN**. I want to say something about those community-based programs. I think outpatient services are appropriate for certain types of clients, but what we see in teenagers is they lack habilitation skills.

Senator **HARKIN**. You mentioned that word in your testimony. I don't understand that.

Miss **BROWN**. With adults they call it rehabilitation. They relearn social skills, job skills. The kids we see don't have those skills to deal with, so it takes us that much longer to teach them how to function successfully in society. That can't be done on an outpatient basis in a large number of cases that we see. They need inpatient, long-term care. Do you want to comment on that too, Melissa?

Miss **BELL**. I was going to say, when I was at East I started a support group there when I got out of treatment and a lot of weeks—this was 1 day a week for 1 hour during one class we would meet in one room. I can tell you I saw a lot of kids who because maybe their parents were not supportive or probably because they didn't have insurance for whatever reason couldn't make it into treatment.

They would come to this meeting once a week because they wanted help. Most of them never got sober. It's really, really hard as an adolescent to get sober or get straight or get clean on the streets.

As you mentioned before, there are so many pressures on us already. For someone to say, "Well, show up here for 4 hours 5 nights a week and we will teach you about the disease concept and help you," it doesn't work. It's too hard.

Mr. **AUSTIN**. Within the community-based system there are programs that are geared to have services for juveniles on a residential and extended basis. There is a definite need in the community-based system for more juvenile beds and more juvenile programming because of the unique needs that clientele has.

Senator **HARKIN**. How do you get to young people, Melissa? If you could devise a program, an outreach, how do you get to young people to get them into these programs to motivate them in the first place? How do you do that?

Miss **BELL**. Well, I think that going out and doing talks at schools is real effective. OPP does that a lot. But, see, the problem when I was in high school, we may have had someone come from an organization like OPP and give a brilliant speech, but I wasn't at school that day because I skipped school to go get high.

I think that, as I mentioned before, a lot of the ads and a lot of the things that I see now today are more scare tactics, you're going to get in a car wreck and die if you drink and drive, so don't drink and drive.

I think it needs to be approached on a different level and I think it needs to be done by young people like myself who have been through it already. A teacher, police officer, an administrative person from the school, whoever, like that that is going to come in to a classroom and say, "It's OK that you might have a problem. There is a solution," kids aren't going to be as responsive to that as they would be to a young recovering person.

I think community education is important. There are a lot of things that can be done, but the time or the funding or people to do it—you know, I was thinking the other night about this video that we are doing tomorrow and I can think of 100 different commercials that you could do, but I can't film them myself and put it on TV.

Senator **Harkin**. I need to get those figures for Iowa on that waiting list for admission. I hope the Federal Government can keep funding rather than having to cut back for drug programs. I am working right now to make sure that happens.

Mr. **Schut**. That would be helpful.

Senator **Harkin**. I appreciate all of you coming here today. Do you have any last things that you wanted to say before we conclude this panel? What are you taking at DMACC?

Miss **Bell**. Teacher associate program. Hopefully I will transfer at the beginning of next year. I would like to be a high school teacher, I think.

Senator **Harkin**. You should take up writing.

Miss **Bell**. Thank you. A lot of things have happened to me over the last 5 years. We don't know what's going to happen in the next 5 years.

Senator **Harkin**. I figure they are all going to be good.

Miss **Bell**. Thank you.

Senator **Harkin**. Thank you all very much for being here.

I will just close the subcommittee by saying I appreciate you all being here today and attending the hearing. We have a definite problem facing us in the State as we do in this country.

We have got to get the resources that we need to attack this problem of drugs. It's a long-term problem. It involves not only stopping drugs coming into this country, but also involves education, treatment, and rehabilitation.

STATEMENT OF PAUL MANN

My staff tells me I could open the hearing for questions from the audience. I'm going to have to ask you, for our court reporter's benefit, to identify yourself. Paul Mann, you wanted to ask a question?

Mr. **Mann**. I didn't really have a question. I had some public testimony I wanted to share with you related to my job as drop-out principal in the Des Moines schools. It relates to some of the drug situation we have here for Des Moines.

For 19½ years I was a social studies and English teacher here in Des Moines, but starting in January I became a work experience advisor which means I worked with high-risk students at East and Lincoln High Schools in Des Moines.

My job involves part-time teaching, part-time counseling responsibilities. I have to make home visits and try to get the parents involved with their children's education. Part of what I do, however, is find them a part-time job after working with them on how to become a responsible worker.

Then I supervise their work, even pay them through a program funded by the Governor's Alliance on Substance Abuse and various Federal programs as well.

One of my students after about 1 month on the job in February of this year came to me saying, "Mr. Mann, I've got to have a different job. I can't go back to that elementary school where I'm working as custodian." I asked, "Why? I know you haven't been at school for a week or your job." He said, "The druggies are staking out the school trying to follow me home." "Why are they doing that?" "I'm ashamed to say. I'm not a user and I don't want you to think I am, but my brother is a drug dealer. And he is involved—right now he's drying out up in Des Moines General Hospital to hide out from druggies. He had some bad drug deals."

He said his brother's drug network here in Des Moines includes 37 homes where they did nothing but dispense drugs. It also included over 12 homes in the east part. of Des Moines, the rest scattered around Des Moines. He said he knew over 40 students at his high school that were involved with pushing drugs in the school.

The druggies were following him from his—trying to find out where he was staying, where his brother was. Obviously he wouldn't share. It included such things as passing by shooting at his home while he was there. They were hiding out in hotels, going from place to place trying to avoid them. I did get him police protection and found him another job working right there at Des Moines General Hospital.

I'm sharing with you that that kind of problem exists here and it's something that comes real close to home. I also want to suggest to you that there are a lot of things that I believe people like me in a lot of other programs who are trying to help students in a number of ways.

There are things we can do, but there is not adequate funding for those programs. The New Horizons-type program that I am fairly recently involved with——

Senator **Harkin**. How is your program funded?

Mr. **Mann**. It's funded through some Governor's Alliance on Substance Abuse, Iowa Conservation Corps money. There are five funding sources. My project is a special 2-year project. The funding will run out at the end of next year. I wanted to share that with you. I appreciate your focusing on that.

Senator **Harkin**. I appreciate it very much, Paul. Thank you.

STATEMENT OF DAVID CONGDON

Next, I have Mr. Congdon from Ogden. We talked before.

Mr. **Congdon**. Yes; I am a recovering alcoholic and ex-addict with 10 years of continuous sobriety and I identify a lot with what Melissa talked about, feelings approach and I much prefer that to the war concept. That is not a good concept as far as I'm concerned. I lived for a number of years in the culture you're talking about making this war on. I don't see it as an appropriate concept. I see it more as something to make me angry if I'm in that culture rather than to be a healing thing.

If "Up with Hope and Down with Dope" is really going to work, we have to back it up with serious and substantial material incentives within the communities that are most affected, decent jobs, housing, health care, child care, prenatal care, education, recreation, and cultural opportunities.

Other people can talk about a war on drugs and I think we should make peace with the community within America that is left out. My testimony is directed at that effort and also the effort to deglamorize alcohol as the gateway drug and the drug of choice of most. I have never met anyone in the programs that I have been around whose first experience with a mind-altering substance was crack.

Senator **Harkin**. It starts with alcohol.

Mr. **Congdon**. It starts with alcohol. Spuds McKenzie should get a job on "Sesame Street."

Senator **Harkin**. I beg your pardon?

Mr. **Congdon**. Spuds McKenzie should get a job on "Sesame Street."

Senator **Harkin**. Thanks, Dave.

STATEMENT OF JESSE TAYLOR

Next is Mr. Jesse Taylor.

Mr. **Taylor**. My name is Jesse Taylor. I am from the Des Moines area. I came from this same area of the inner city that we read about in the papers. I am very impressed with the people who have been on the panel. Everyone has hit everything except the grassroots thing.

Many of the people my age had people in the community who were extremely involved with young people and it kept us from falling through those same holes, people in the community from the YMCA and areas like that. We had a Crocker branch YMCA which was a different entity than the YMCA that we have downtown.

When that moved out of our area, the direction toward young male youth was completely eliminated. Many of the youngsters in the community on the near North Side and East Side do not even go to the Central Y even though they have a loaded docket at the Central Y and are very effective in what they do.

The majority of the youngsters that everyone here is talking about don't even go to the Y. We had a facility in the community that made young people responsible, had programs and projects and things for them to do. A lot of this was done with voluntary help even though we had salaried people too.

When we talk about the counselors, the best counselors we had would have been accused of child abuse, but it was so effective that one-tenth of 1 percent of the youngsters who were involved in it ended up in the penitentiary.

Now we look in our penal systems, especially in our community, and we represent in the State of Iowa 1.8 percent of the population. What's the percentage of black and Hispanics in Iowa in penal systems and in jails? I believe that the police department—we do have some people who are friendly, but we have some others on there who are not friendly.

I think a lot of youngsters are railroaded because they don't have the other connections and the other support just like we have too many youngsters who don't have insurance. We have many youngsters who don't have attorneys or other ways for them to get the kind of aid that they need.

But I'm talking about getting these youngsters involved prior to getting into the drug scene. We can do things that can affect that.

Senator HARKIN. I understand that. I appreciate it.

Mr. TAYLOR. We really can.

Senator HARKIN. Thank you.

Mr. TAYLOR. I come from a Masonic organization that is directly involved with young people, but our finances are limited and we have to figure out a way to come up with a system that works. We have a system that will work, that really will work. We just need the assistance for it.

Senator HARKIN. Thank you. I appreciate it. Does anybody else in the audience have anything they want to add?

UNIDENTIFIED SPEAKER. I would like to make a statement. My daughter 2 years ago went through Our Primary Purpose. It is a fantastic program. The problem we had was she was 14 years old. She was an A-B student. She walked out the door one day. We told her she couldn't go anywhere. She's from a full family, five children. My husband and I are married 19 years.

She walked out on the street and police told us we could not bring her back. She would not stay. I spent probably 4 to 5 months trying to get her committed. This child had never given anybody trouble. Teachers were totally shocked and everything.

Then she got into the drugs and alcohol when she got out on the street. It did not happen before. It was a rebellious act. I'm afraid and I'm watching because now I'm in the system.

After having gone through OPP, I have seen these young people talk about child abuse, choosing their own abuse and not being as parents able to get them off the streets.

She went into OPP. We were able to get a court order. The children that go in, whose parents just get them in, they can walk away from the program. If the child decides to go out on the street in the State of Iowa—I don't know how it is nationwide—as a parent you don't have a lot of recourse to get them off the street. I have got 14 pages of the agencies I went to trying to get my daughter off the street.

Senator HARKIN. How old was she?

UNIDENTIFIED SPEAKER. Fourteen years old. She could not get a job.

Senator HARKIN. Why couldn't you get her off the street? You couldn't get a court order?

UNIDENTIFIED SPEAKER. You have to prove this. You have to prove that. I went to Broadlawns. They said the judge would not court order her unless you can prove she is on drugs and alcohol.

We hadn't seen her in 3 months. We only once saw her intoxicated. It's just the whole system of trying to get them immediate help, get them off the streets to where you can even get to those points.

There's danger. She's 14 years old. She can't get a job. Where does that leave her to get drugs, get a place? Today, thank God, she is OK.

But also the program—when they talk about the insurance, we cannot get her insurance. We are having a tough time. We cannot get her insured. She has been in the program, out of it about 2 years, going to AA. She is thinking, "I don't know that I really have a problem." If she does decide to go back to drugs and alcohol, financially—we have five children. I don't know that we could put her through treatment again, you know.

STATEMENT OF ETTA BROWN

Senator HARKIN. One other person wanted to say something, Etta Brown.

Miss BROWN. I am Etta Brown. I am a private human resources consultant in the city of Des Moines and I'm also executive director of an organization called Partners in Alliance for Community Enrichment.

In our position we have experienced all of this. For the last 6 years I have run an effective job training program with incarcerated individuals and the department of corrections. The director of corrections asked if I had taken my program back to the street to community-based corrections. We have had a 60 percent successful placement rate with every group of people with whom we have worked, both females and males, incarcerated and not incarcerated.

The problem we have with the program is even with its success and limited recidivism, we cannot get operating funds. The money that comes into the Governor's alliance is mandated for governmental entities. I have spent 1 month trying to get governmental agencies just to submit my proposal to the Governor's alliance. We were competing with the police department, county attorney and community-based directions.

None of those governmental entities want to risk their funds on a program that works. So what we did in the State of Iowa, part of the money that went to the health department was set aside for innovative substance abuse programs and I managed to get funded through that.

But our program has worked and the programs similar to mine that are working cannot get funding because the money is tied up somehow through legislation. It only goes to governmental entities, existing programs. Recidivism in those programs is outstanding.

What I am asking is whether or not you could consider setting aside of group of moneys for innovative programs for persons who have design and are doing things that cannot get funded.

[The statement follows:]

STATEMENT OF ETTA BROWN

PROGRAM/PROJECT INFORMATION
(Part B)

1. Summary of the Project

Meta Care: An offender Reorientation Project reduces the demand for drugs in the local community through a program of rehabilitative aftercare for substance abusing offenders who recidivate to drug use and associated criminal activity following arrest, detention and primary substance abuse treatment. Of the 8,655 new criminal cases filed in the Fifth Judicial District during 1988, 90% were reported by the prosecuting attorney as being from this population. Services are coordinated through the County jail, the County prosecutor, juvenile and adult criminal courts to reduce the caseload in the judicial system, by providing an alternative to sentencing, thereby reducing overcrowding in county jails and adult correctional facilities. Because 40% of the 3,000 persons served in community based corrections in the 5th District are minority males with a median age of 23, a minority culture specific rehabilitative component modeled after the Minnesota Institute on Black Chemical Abuse is included.

Long-term aftercare activities provide

a) an intervention option at a point of high vulnerability to re-dependence upon drugs;

b) a rapid social support system that maintains the individual before he/she reverts to previous abusive patterns;

c) group and individual counseling to reduce psychic pain;

d) educational workshops on factors leading to substance abuse; the addictive nature of chemical substances; and lifestyle alternatives.

Included are

e) the development of self-esteem;

f) clarification of values consistent with the world-of-work;

g) job seeking/retention skills; and

h) job development and placement.

2. The Problem

A. (11) Programs designed to provide additional public correctional resources to improve the correctional system.

In its 1985 plan, the Iowa Criminal and Juvenile Justice Planning Agency called attention to substance abuse as the major issue facing the criminal justice system. The Iowa Comprehensive State Plan for Substance Abuse 1988-89 states, "of offenders on parole on April 1, 1988, 70.9% were alcoholics or abusers of drugs other than marijuana".

Monthly Statistical Movement Summary For Entire Iowa Department of Corrections for the State of Iowa, shows Polk County as having the largest number of commitments to State correctional institutions. Additionally, it reports on a continuing basis that 50 -60% of persons incarcerated in the State of Iowa are failures in Community Based Corrections.

Community Based Corrections in Polk County serves an average population of 3,000 unincarcerated offenders either on probation or parole. 70.9% of this population equates to approximately 2000 substance abusing persons who have been identified as unemployed or unemployable, are unable to retain employment when placed, and the highest incidence of conviction is for substance abuse related crimes. 40% of this population equates to 1200 minority males on probation and parole with a substance abuse problem.

The Polk County Attorney's office reports that 90% of the 5,353 cases filed in 1988 were representative of the above group which became recidivists following correctional intervention and drug treatment.

The Des Moines Register Wednesday, June 28, 1989 reported that "Some people arrested in Polk County--a few on felony charges--are being ticketed and released because of crowding in the 180 inmate jail. The County is paying to put up other inmates in other counties. "It's been bad all year," Chief jailer Floyd Jones is quoted as saying. "We don't have room for the people that are hauled off the street. We're past being full. We gave up just being full a year ago." ...Parole violators and probation violators are just dumped on us. They're like pop cans. We just keep recycling them."

This problem in the Fifth Judicial district has been developing over a period of years. Historically, in the Fifth Judicial District, there has never been, and presently, there exists no program of intervention with the goal of addressing the above concerns by redirecting the offender away from criminal activity and toward more socially acceptable behavior.

(13) Providing programs which identify and meet the treatment needs of adult and juvenile drug-dependent and alcohol-dependent offenders. (TASC)

Substance abusing clients were interviewed by this applicant at Riverview Release Center, Iowa Correctional Institution for Women, and Community Based

Corrections. All respondents had been through at least one treatment facility, and had returned to drug use. Respondents were consistent in their comments that the residential treatment experience they had did not deter their return to drugs. The factor most frequently stated as having an influence on their return to drugs was the old peer group.

Those substance abusing offenders returning to the local community who were successful in completing treatment, are described by practitioners in the field as being on a "treatment high". Without continuing long term support, the euphoria gradually wears off, and the client returns to drugs. Local correctional workers report that in the population of persons with which they work, approximately 74% return to drugs within one week.

The Iowa Comprehensive State Plan for Substance Abuse, 1988-89 reports the following Polk County substance abuse agencies, and their identified services with corresponding target populations.

Broadlawns Medical Center	Juvenile Inpatient Detoxification (Juvenile, Adult)
Intersectional United Advanced Planning Mercy Alcohol and Drug Recovery	Residential Treatment Inpatient
Our Primary Purpose, Iowa Lutheran Hospital and Mercy Medical Center	Juvenile Inpatient
Powell III, Iowa Methodist Medical Center	Inpatient Residential (male)
Harold Hughes Women's Recovery Center, Des Moines General Hospital	Inpatient (Female)
National Council on Alcoholism and other Drug Dependencies	Education, Assessment and Referral prevention services

It is apparent from the above that the area has a large number of substance abuse treatment programs, yet continues to experience a high degree of recidivism to drug use and its concomitant criminal activity. If aftercare services exist, they are not sufficient to impact the incidence of return to substance abuse in Polk County. There appears to be a total absence of aftercare programs, and none associated with the judicial/corrections system being utilized by low income, uninsured persons which intervene successfully to prevent return to use after treatment.

There is a need in Polk County for an offender specific intervention option at this point of high vulnerability to re-dependence upon drugs. Long term aftercare is needed to provide a rapid social support system that maintains the individual before he/she reverts to previous abusive patterns.

Intervention is needed to meet psychosocial needs; develop self-esteem; resolve intra-psychic concerns; and develop the individual for long term unsubsidized employment.

5. GOALS AND OBJECTIVES

Goal Statements	Objectives
A) To provide an additional public correctional resource which satisfies an unmet need in existing judicial/correctional programming.	A1) Ascertain outstanding needs in Fifth Judicial District judicial, correctional system. (Accomplished)
B) To reduce rate of recidivism in substance abusing offenders following arrest, detention, and treatment.	B1) Implement a program of rehabilitative aftercare for substance abusing offenders with high degree of recidivism. (by November 1989)
C) To reduce by 50% the number of minority males being processed through the judicial/correctional system on a daily basis.	C1) Implement a culture specific substance prevention/rehabilitation program based on the Minnesota Institute on Black Chemical Abuse. (by December 1989)
D) To reduce the case load in the County prosecutors office.	D1) Identify target population. D2) Screen population for possible substance abusers D3) Establish referral/monitoring/evaluation/feedback process (by January 1989) D4) Utilize existing substance abuse assessment/referral/treatment services
E) To provide an alternative to sentencing to already overcrowded detention facilities.	E1) Identify target population E2) Implement treatment program to redirect offender away from criminal behavior, toward responsible social participation. E3) Establish monitoring/feedback with court. E4) Utilize existing substance abuse assessment/referral/treatment services
F) To establish a rehabilitative program of social intervention at the Polk County jail for first time offenders and their families.	F1) Identify target population F2) Make referral to existing screening referral services F3) Implement treatment program to reduce the offender's dependence on alcohol/drugs in order to redirect behavior away from criminal activity

Senator HARKIN. Why were you having so much trouble getting funding? Why don't you seem to be getting through the door?

Miss BROWN. This year Governor's Alliance funds were mandated to go to police departments, sheriff's departments and county attorneys' offices. In order to get my program funded, which has been going for 6 years, to get part of that money, we had to get the city or the county to submit the application.

I finally convinced the city to submit it because they didn't want the program and they submitted it for me and are trying to talk the county into taking responsibility.

Now, it's a program that works. I have letters of endorsement from everyone from the Department of Corrections, community-based corrections, the county attorney, the sheriff and the criminal judges and the chief district judges saying, "This is a fine program. Fund it."

Senator **Harkin**. Have you talked to Ms. Raske?

Miss **Brown**. Yes; I talked with her, Dena. She has my proposal now. That's the one that couldn't get funded because the governmental entity will not accept responsibility for it. They say it works. They gave me a letter of endorsement saying, "Good luck, but that's as much as we can do."

Senator **Harkin**. How do you get funded now?

Miss **Brown**. I am working privately under contract with the Department of Corrections and our community-based program is not funded. The legislature gave us $100,000 but said, "You've got to go through a local governmental entity to get it."

Senator **Harkin**. I would like to know more about that. Thank you for your statement.

[Clerk's note.—Additional statements and articles were received for inclusion in the record.]

STATEMENT OF DAVID A. WRIGHT, IOWA DEPARTMENT OF EDUCATION

CURRENT YOUTH SUBSTANCE

BEHAVIORS IN IOWA

The following text describes some of the findings of the "1987-88 Iowa Study of Alcohol and Drug Attitudes and Behaviors Among Youth" (Iowa Department of Education).

Projections are based on self-reported use (1987 Norms) and the total enrollment figure for grades 6-12 of 255,951 students.

Alcohol Use Projections Grade 6-12

39.7%	Never Use	101,700
11.3%	Tried and Stopped	28,820
23.5%	Once per month	60,200
20.0%	Once per week	51,190
5.5%	Two or more times per week	14,100

Tobacco Use Projections Grades 6-12

74.1%	Never Use	189,660
13.9%	Tried and Stopped	35,580
4.5%	1-6 per week	11,520
1.7%	7-25 per week	4,350
5.8%	4 or more per day	14,850

Marijuana Use Projections Grades 6-12

86.8%	Never Use	222,090
6.5%	Tried and Stopped	16,590
3.7%	Once per month	9,340
1.4%	Once per week	3,660
1.7%	Two or more times per week	4,300

Other Drug Use Projections Grades 6-12

92.0%	Never Use	235,470
4.7%	Tried and Stopped	11,900
1.8%	Once per month	4,700
1.0%	Once per week	2,430
.6%	Two or more times per week	1,540

Polysubstance Use Projections Grades 6-12

50.5%	Nonuse of any	129,250
39.0%	Alcohol only	99,820
0.3%	Marijuana only	770
5.8%	Alcohol and Marijuana	14,850
1.0%	Alcohol and Other Drugs	2,560
3.0%	All Substances	7,680
0.4%	Other Combinations	1,020

Approximately 30% of Iowa students reported that their family members had alcohol and/or other drug abuse problems.

Approximately 36% of Iowa high school students reported that their friends were having personal, school or family problems related to alcohol and/or drug use.

CURRENT PREVENTION DELIVERY SYSTEM IN IOWA

15	Area Education Agencies and Media Centers each serve an average of 26 public school districts and 5 non-public schools.
26	Substance Abuse Prevention programs funded through the Department of Public Health (Division of Substance Abuse and Health Promotion) -provides prevention services to all counties through approximately 50 prevention specialists.
2	Substance Abuse Prevention coordinators in the Department of Public Health.
1	Substance Education Consultant in the Department of Education who administers the Drug-Free Schools and Communities funds.
1	Coordinator of the Governor's Alliance on Substance Abuse who coordinates law enforcement, courts and "high risk youth" funding.
1	Iowa Substance Abuse Information Center (print and audio visual materials for schools, communities and professionals).

Other Prevention Systems include:

- Iowa State University - Cooperative Extension Services which provides youth, family and community prevention services to all counties.
- Child abuse prevention, suicide prevention, and juvenile crime prevention programs through the Department of Human Services.
- Adolescent health programming through the Department of Public Health.
- Anti drinking and driving programming through the Governor's Highway Safety Commission and the Department of Public Safety.
- Employee Assistance Program for all state employees through the Department of Personnel.
- At Risk Youth programming through the Department of Education.

CURRENT SCHOOL DISTRICT PROGRAMMING IN IOWA

500	high schools
433	public school districts
240	high schools have Peer Helping programs
140	high school have Student Assistance Programs
423	school districts are involved in the Drug-Free Schools and Communities funding
423	school districts have collected youth substance behaviors data
350	school districts are participants in Project Graduation
325	school districts have adopted the Quest "Skills for Adolescence" program
25	school districts have adopted the "Here's Looking At You, 2000" program
25	school districts have adopted the "Mendez" program
30	school districts have implemented employee assistance programs
25	school districts have implemented inschool support groups

RECOMMENDATIONS

#1. The Drug-Free Schools and Communities funding should continue. This federal funding has been very beneficial to Iowa schools and communities. Continuation of the funding will enable Iowa to expand prevention and intervention programming in the following areas:

School substance policies and rules
Helpful interventions with students and families including support groups
Helpful interventions with school staff
Substance education curriculum
Faculty competency in substance education and interventions
District leadership and coordination of substance program
Community and school collaborations
Use of community persons and agencies in school substance program
Parent and family involvement
Programming for "at risk" and drop-outs
Programming for athletes and other extracurriculars

#2. The federal government should continue its efforts to dissuade persons from smoking tobacco and drinking and driving. Specifically, the federal government should provide some disincentives to the alcohol and tobacco industries to limit or curtail their media campaigns to market their products to youth.

#3. The federal government should expand its AIDS prevention programming to encompass a "substance-using lifestyle" perspective.

#4. The federal government should promote "in-home" family counseling and education programs for "high-risk" children and youth - programming similar to a child abuse prevention model implemented in Washington state.

STATEMENT OF GEORGE BELITSOS

Alcohol -- Our Most Dangerous Drug

There is little question that we are concerned about crack, crank, and heroin here in Central Iowa. However my larger concern is that the material announcing today's hearing says nothing about Iowa's most serious drug problem .. alcohol abuse.

Oh, we say, there's booze, but there has always been booze. We're lucky our problems with real drugs aren't any bigger than they are.

Here's the news, one more time: Alcohol is a drug. And we do have a problem. A very serious problem.

Alcohol is Iowa and the nation's most dangerous drug. Even though 100,000 people die every year because of alcohol related deaths compared to 3,500 non-alcoholic drug related deaths, our political leaders continue to minimize alcohol in their war against drugs.

Alcohol is dangerous because it is socially accecptable. It is dangerous because it seems unavoidable. It has become a part of our culture. It has become a part of our young people's rite of passage. This drug that we condone has become a powerful force in our young people's lives. Kids know that alcohol can let them feel as good as as they want to feel. They know it will work every time. Combine those two lures and you have a powerful experience that comes during the teen years when kids tend to lose trust in their parents, society, and themselves.

Combine alcohol's powerful attraction with the fact that young people's bodies are physically more susceptible to chemical dependency than are adults and our teens' drug abuse is easily explained.

The Iowa Department of Public Instruction asked 7,800 6th, 8th, 10th and 12th grade students in 84 schools about their drug use. Thirty-eight percent of seniors described their alcohol use as "regular." Twelve percent said they were heavy users. Thirty-nine percent of seniors said they believed that their friends had problems related to their substance use.

So what can we do? We must change the way we think about alcohol, as a society, a community, and as parents.

First, lets take societal changes. This country's attitude change about smoking cigarettes proves that change is possible. The government played a critical role in prevention, education and media control, and we will never again feel about tobacco the way we did 20 years ago. Today our policies and practices show that we believe that tobacco is harmful, that it is a drug, that it should be advertised carefully. Television advertising of tobacco was banned 15 years ago.

We have a long way to go with alcohol. We launch extravagant media campaigns telling our youth not to drink and drive, but allow convenience gas stations to advertise their beer with the slogan "One for the Road." Athletic events are often promoted by linking them to alcohol consumption, reinforcing the connection between alcohol, sports and fun.

Ironically, many of the new wine coolers are required by law to carry a warning about the remote health risk of an artificial sweetener. But they don't have to say anything about the danger of the drug that is being sweetened.

I believe that beer advertising should be banned from television. The effects of this drug are no less dangerous than the tar content of cigarettes. I believe liquor stores should be required to post information about the effects of alcohol on unborn children, on the warning signs of addiction, and on the disease of alcoholism.

As a community we can change the way we think about alcohol by providing non-alcoholic entertainment alternatives to our young people. By providing such outlets we communicate that we believe that it is possible to have fun without alcohol.

As parents we can acknowledge that for our children alcohol is an illegal and dangerous drug. We can tell our children that it is not OK to drink. Not even one beer. And if they say "You drink, Dad, it can't be too dangerous," or "Lighten up Mom, this is a double standard," hang tough. Tell your kids that medical research and the law are on your side. First, kids' bodies metabolize alcohol differently than adults. Second, it is against the law for kids to drink. They're right, there is a double standard for adults and kids and there are some pretty good reasons for the double standard.

Our message to our youth must be clear. Alcohol is a drug. We must change the way we think about alcohol. And then we must act upon that change.

[From the Postville (IA) Herald, Mar. 29, 1989]

25 Of His Schoolmates Smoked Marijuana, Former User Says

(By Patrick Huber)

(Ed. note: In an effort to provide information about what if any narcotics problem exists in Northeast Iowa, The Herald has spent the past 2 months working on this series. Willard and Mary agreed to talk frankly about their experience with drugs in the hopes that it will help others avoid the same experiences. The Herald thanks them for that and suspects the entire area does also. The fact one of them grew up in Waukon and the other in Elkader should not be interpreted to mean that those communities necessarily have had any more such problems than have other towns in the area. The author of this series wrote his master's thesis in 1963 on drug addiction in New York City and since then has written about drugs for a daily in New Jersey and for the weekly newspaper published by the Archdiocese of Miami.)

First of 6 Parts

A former heavy user of marijuana told The Herald that when he went to Allamakee Community High School in the mid-1970's, there were probably 25 people in his High School that used marijuana regularly.

"There are probably twice that number now," said Waukon Police Chief [illegible]

At Postville High School, Counselor David Koopman estimated 5% of the student body had smoked marijuana at least once by the time they had graduated, with about 2% using it regularly. He defined regularly as at least once a month since marijuana stays in the system 30 days.

At MFL High School, Counselor Michael Ruffing said he had counseled students who were using marijuana, but declined to say how many or how recently this had been.

Rick Brown, Clayton County Substance Abuse Director, said he sees some users of illegal drugs each year, although the number is small compared to the number of people he sees with alcohol problems.

Youths' Story

The high school student from Waukon, who asked not to be identified and is referred to in this series as Willard, said: "When I was in high school, I could have pointed out a hundred people in Waukon who were using marijuana regularly, and about 25 of them were school students." He described to The Herald the way he and his schoolmates would go about using illegal drugs.

A heavy drinker since age 14, he smoked his first "joint" when he was 16, just outside his own home. That was given to him by a Waukon youth who was a friend of his brother.

"The guy didn't seem to be addicted. He was raised in a better home environment than I was. It seemed as if he could probably go on the same way," the young man recalled.

"People that get you started on drugs are usually friends that believe that drugs are OK and are willing to share them with you just because they like to share a good thing much the same way people in a bar would buy a drink for someone else," Willard said.

Many of the Iowa students who use marijuana began at about the same age as Willard, according to the State Substance Education Program. In surveys of about 15,000 students in 1975 (Willard's Junior year), 22.5% said they had used it by the time they were in 10th grade, compared to 12.8% when they were in 8th grade. Of the 12th graders surveyed that year, 33.7% said they had used it at least once.

Similar surveys taken every 3 years since then have shown a steady although very small decline in marijuana use among Iowa students. In the latest figures available, those for 1987-88, 19% of the 10th graders and 17% of the 12th graders said they had never used the drug.

More significantly, those Sophomores defining themselves as heavy users dropped from 10% in 1978 to 2% in [illegible]

(To relate these figures to rural Northeast Iowa is difficult because they include urban and suburban schools, where the consumption of drugs has been 2 to 3 times that in rural areas. By the same token, use in rural schools does not always increase or decrease at the same time it does in city schools.)

If use of marijuana has declined, that does not necessarily mean it is less of a problem. The Clayton County substance abuse director emphasized that today marijuana is much stronger than it was 10 or 20 years ago.

"It is much more powerful now because of the way it is cultivated and because of selected genetics. Marijuana has been improved just like regular farm crops have been," he explained. "It has many times as much THC (the chemical that creates the high and does most of the harm)."

Waukon Police Officer Timothy Little agreed, saying marijuana also is being made more potent by improved grinding methods.

How They Started

Most of the students from Waukon got their first drugs in the same way as he did, Willard said, as a gift from another youth. Usually it was someone 2 to 3 years older and a regular user. The marijuana was provided that first time or 2 as an act of friendship, or at least no more than someone wanting to show off the adventurous and different world they had entered.

That is quite different from the traditional pattern, particularly with harder drugs, in which youths are given a few doses by sellers in order to get someone "hooked" so they will be a customer in the future.

When he was 17, Willard got his own car and often smoked his marijuana there. By 17, he was smoking "a couple joints a day." An ounce would cost him $25 to $30 and lasted 2 to 3 weeks.

That is a low price tag for a narcotics habit. In fact, sometimes he would get high on pot before going into a bar "because that was cheaper than getting high on alcohol," he explained.

He said he always paid for his marijuana from the money he earned, never stealing things and selling them for drug money. That is what users of hard drugs inevitably end up having to do.

"I even borrowed money from a bank to pay for dope. I told them I needed it for school (after high school), which was partially true," he said with a snicker. "And I paid back the loan," he added.

He tried cocaine at a house party in rural Waukon when he was 17. "I enjoyed it. It is like cool, crisp lettuce. I thought it was terrific," he said.

But he did not continue using it "because I knew it was especially dangerous and very expensive. I couldn't afford it, plus the high lasted only an hour. I could spend $20 on a one-hour high, or I could make the $20 last much longer by using it for marijuana.

"Besides that, you can easily get ripped off when buying it, both as to the amount and quality," he said. There was never a problem of its being available if a person wanted it, however, he said.

(This concern about price is something that usually plays no part in the drug choice decisions of those addicted to harder drugs. In their case, the first demand is obtaining the drug and the question of how they are to pay for it is only a secondary matter. Willard claimed he never stole anything in order to support his use of marijuana or other illegal drugs.)

Where Purchased

The other 10 to 20 users with whom Willard associated would buy and sell small amounts of marijuana among themselves. Sometimes he would buy from others in the group. Sometimes he, or another youth in the group, would buy a larger quantity from an outside source. That usually was a Waukon resid usually 5 to 10 years older.

The youth making the bigger p chase would then sell smaller amounts others in his peer group. Willard sa when first interviewed. Later he said: never sold perse. I usually had my ow pot and would share it if I felt like it.

(This is not the typical situati among drug addicts, where a seller co tinues being a seller in order to finan

Grown In County?

He said he would guess that 75% o the marijuana he and his friends purchased was grown in Allamakee Count "although usually when they wer selling it to you, they would tell you i came from Colombia so they could tr and get you to pay more for it."

(Many illegal drugs are grown i South America and marketed in the U.S through Colombia.)

"Quite often marijuana is grown in a remote place, not on the property of the person growing it....That way if law enforcement officials find it, they do not know who grew it," he explained. "Anybody (besides the grower) walking along might think it was just another plant, or some Iowa ditch weed that grows everywhere."

All the person that planted the seed has to do is hoe and fertilize it, sometimes water it, and pick it and dry it. Drying can take less than a week. The Herald was told by another party 2 years ago that one Allamakee County farmer has dried very large quantities of it in his barn. That report could not be confirmed.

Allamakee County Sheriff Neil Becker said he suspected marijuana was grown in the county.

"Prominent Businessman"

Willard said that some of what he bought was dried in barns in the area, but other of it was dried in attics or even in ovens right inside town.

Sometimes when he bought it he would go out in the country to buy it; usually to someone living in Waukon.

"Some very prominent people were involved," he said. "I know one guy in Waukon who had a very good (legitimate) business who sold drugs. A very prominent person in Waukon....I never bought from them. They were not in my age group."

He said there was no difficulty in knowing where to purchase drugs, even if a close friend did not have any at that time.

"We all knew where to go when you needed it," he said. "Generally, kids using drugs knew who might have drugs," he explained.

Although often he would smoke marijuana in his car, sometimes he would smoke it when walking down the street, and frequently with a group of friends. A favorite place would be at a house party.

Sometimes the house parties would be out in the country, more often in town, usually at somebody's apartment.

The parties took place almost every weekend. "They were not planned in advance--we were not great planners. Substance abusers live by the moment," Willard explained.

"If somebody's house or apartment was available that weekend, we would just go there," Willard said. It was almost the same group at each house party. They knew some of their group would have enough drugs to distribute to others in the group.

There would always be heavy drinking of alcohol in addition to the smoking of pot. Although most of those at these parties usually were High School students, the host often was someone a little bit older who had his or her own apartment.

Usually they would include at least one person who was 18 or 19 so they could legally buy liquor for the event.

"These parties would be where you would try out new things. In addition to cocaine, Willard said he also smoked some hash at these parties. (Hash is a refined version of marijuana.)

Pass Around

"There might be hash and 2 or 3 kinds of pot at the same party. We would sit around in a circle and pass various things around," the former student said. "Some people would try one thing and others would try something else. Everbody would get high on something."

At other times somebody would buy some mushrooms and eat them with one or 2 other youths to get high, he said.

He described the group at these parties as average in intelligence. He said probably many were loners and had low self-esteem, like he did. "We are comfortable to mingle with others who were using a drug. That way we are relaxed and OK (we think). The low self-esteem goes away when we're high."

About half of the group were girls, average or better in appearance, the young man said.

"To me this peer group were the most popular and fun-appearing kids to be around," Willard said. "Usually they were job oriented. They had access to cars....Most were kids whose parents had a loose rein on them."

Wrestlers Use Drugs

He said he knew of a few people in the area who used cocaine at that time, but not a large number. They were 5 to 10 years older than he. He said he knew a couple of them have quit and did not know about the others.'

There were a lot using speed--probably 75% of those who used marijuana, he said. He tried it at age 16 or 17 but did not use it regularly.

"I heard that some wrestlers from other schools used speed to increase their energy, but this was only hearsay," the former varsity wrestler said. He added quickly that none of his teammates used it.

He said he did not know of any football players or athletes in other sports using it.

A student involved with the wrestling team at Central High School, Elkader, during the late 1970's told The Herald she knew of wrestlers from other schools using speed, although did not know of anyone in the Elkader team that used it. The student said other athletes from Central used it during those years.

Drugs Referred To In This Series

MARIJUANA—Often called pot or grass, it comes from the cannabis plant. Usually smoked in cigarette-like form (joints) or in a pipe. The most commonly used illegal drug in the U.S., its use has been "socially acceptable" in some places. Research about its potential dangers and more potent forms of it in the last several years, however, have increased concern about its use. It is a mind altering drug that distorts the perceptions and leads to hallucinations. Its long-term use has been found to impair the lungs, the brain and its decision making capabilities, the reproductive system and the body's immune system.

HASH OIL and HASHISH—Derivatives of the cannabis plant which contain more THC (Tertrahydrocannabiwol) than marijuana. That makes it more potent than marijuana since THC is the chemical in marijuana that alters.people's minds.

COCAINE—The primary drug used by many "hard-core" users in the U.S., it is extracted from the leaves of the coca plant which grows in South America. Can be sniffed or "snorted" into the nose or injected. It usually is a fine white crystal-like powder. A form called freebase is chemically converted from "street" cocaine so it can be smoked. Cocaine stimulates the central nervous system; its dangers vary, depending on how it is taken, the dose and the individual. It is a very dangerous, dependence producing drug. Cocaine powder sells in Iowa for $100 per gram, slightly less than a teaspoon. One gram is enough to snort 10-15 times.

CRACK—Cocaine powder, heated and mixed with baking soda and water, yields tiny, solid chunks, or "rocks." The rocks are smoked with a glass pipe, giving an intense high. Rocks, depending on their size, sell for $10 to $20 in Iowa. A $100 gram of powder is enough to make crack with a sales value of $500.

SPEED—This, along with white crosses, uppers, dexies, bennies and crystals, are the street names for 3 closely related Amphetamines. In pure form, they are yellowish crystals that are manufactured in tablet form. Abusers also sniff the crystals or make a solution and inject it. Amphetamines are used in the treatment of several rather rare medical conditions. They also are prescribed for short-term treatment of obesity because they decrease appetite. They can have serious undesirable effects for those who do not need them for medical reasons, however. In addition to decreasing appetite, they increase heart and breathing rates and blood pressure and can cause such things as blurred vision, dizziness, anxiety and even cause death from strokes, high fever or heart failure.

LSD—Frequently referred to as "acid." LSD is manufactured from lysergic acid, which is found in ergot, a fungus that grows on rye and other grains. It is a psychedelic drug which affects a person's perceptions, sensations, thinking, self-awareness and emotions. One of the most potent mood changing chemicals, it is odorless, colorless and tasteless. It is sold on the street in tablets or capsules or occasionally in liquid form. LSD frequently causes bad psychological reactions, referred to as "bad trips." These may last a few minutes or several hours, sometimes causing the user to experience panic, confusion, suspiciousness, anxiety, feelings of helplessness and loss of control.

CURRENT DRUG ACTIVITIES

Waldron Sentenced

Gwen Waldron, 28, of Waukon pled guilty in District Court in Waukon Monday to possessing cocaine and possessing marijuana. Judge John Bauercamper sentenced her to 365 days in jail on the cocaine charge, suspending all but 30 days of it. He sentenced her to 10 day on the marijuana charge but ordered that sentence served concurrently with the cocaine charge. He also fined her $500. Charges resulted from an investigation by the Allamakee County Sheriff's Department on Dec. 14 when Waldron rolled her car into a ditch on the Volney Hill Road south of Waukon. Officers found a marijuana pipe at the scene and later searched her car and apartment.

Littleport Arrest

March 16--Randy Christen, 35, Littleport arrested on charges of conspiracy to distribute and possess with intent to distribute marijuana and methamphetamine. Arraigned March 21 in federal district court in Cedar Rapids.

UPS Shipment

March 2--Wanda Sells charged in Allamakee County Court after she was allegedly sent a box of cocaine by United Parcel Service. A search of her mobile home in New Albin also resulted in the finding of various drug paraphernalia, law enforcement authorities said.

Harpers Ferry Arrests

Feb. 27--Douglas Kirschbaum, 27, and Michelle Batten, 26, arrested by Allamakee County Sheriff's Department, at the request of the Crawford County, Wisconsin sheriff's department as part of a major drug investigation they conducted. A small quantity of drugs and drug paraphernalia reportedly were seized as a result of a search of their residences.

Marijuana Possession

Michael Knapp, 27, of Postville pled guilty in Winneshiek County Court early this month to possession of marijuana. He was sentenced to 30 days in jail, to run concurrently with a sentence he was serving in Allamakee County. He was involved in a fight at Chatters in Postville in which he was charged with stabbing.

Prairie du Chien Investigation

About 40 arrest warrants were issued last month as a result of a 5-month investigation the Crawford County Sheriff's Department made of illegal, drug activities. That investigation was initiated because of a rape and near murder last Summer by a Prairie du Chien man high on LSD, according to the sheriff's department. Those arrested included several with Marquette or McGregor addresses. [redacted] Speth, 20, of Waukon, but charges against her were later dropped. A federal undercover agent was used in the investigation and reportedly purchased $15,000 worth of drugs. Included were marijuana, LSD, cocaine, crack, amphetamines, metamphetamines and heroin.

[From the Postville (IA) Herald, Apr. 5, 1989]
Former Waukon Resident Explains His Drug Usage
(By Patrick Huber)

Second of 6 Parts

Willard, the former drug user discussed in the first part in this series, was generally liked by his fellow students at Allamakee Community High School, Waukon. He never was in trouble with the law and was in only 2 or 3 scuffles throughout his Junior High and Senior High years.

In his Senior year he was on the school honor roll. He was on the school's wrestling team.

He was an altar boy at St. Patrick's Catholic Church.

He began working part-time when he was 13 and continued throughout his school days. He has been employed full-time ever since he graduated from High School.

He never got into any trouble with the law.

At 13 he mowed lawns. At 14 he began working for a hardware store in Waukon, doing janitorial work. He continued there until 16, when he got a better job as a carryout boy at a local supermarket.

In some ways he seemed to be ything but the young man on the way becoming a substance abuser. But ere was another side to this young n that most in the community did not ow about.

The Other Willard

The use of drugs currently involves a ide variety of people. "Substance use crosses all lines," Postville High hool Principal Len Bruce told The erald. Substance abusers cannot be tegorized by academic ability, by sex, family income or in most any other y, he said.

"When you talk abut drugs, people ink of 'druggies' and figure you are king about another world," said ayton County Substance Abuse rector Rick Brown. "Kids you would t believe have substance abuse oblems," he said. He added that was e both of alcohol abusers, who count for the great majority of his ents, and for users of other drugs.

There are overachievers with subance abuse problems, just as there are derachievers, otherwise successful as ll as unsuccessful youths and adults, said. While substance abuse can hit anyone, Brown and the other professionals interviewed for this series said a large number are lonely or insecure.

"Almost everybody I see is isolated and less communicative than the average person," he said.

He generalized and said in rural America there is increasingly more isolation and less communication and that offers increased threat of substance abuse.

Brown said one must look at the "dynamics of substance abuse" in order to understand those who are victims of it. That means looking at why someone is a substance abuser, realizing it makes little difference what substance or substances they abuse.

The counselor said someone who feels inadequate, is more apt than someone else to turn to a drug (whether alcohol or otherwise) to make up for that inadequacy.

He said someone often abuses a substance because they ask themselves: "Why should I be unhappy if there is something out there that will make me happy?" He said an example was someone's saying: "I am not very socially skilled. I can become socially skilled, or not care about my social inabilities....If I don't have any abilities, there is one group that all I have to do is drink or smoke pot with, and I can be a part of the group."

Willard

Brown's words shed light on Willard. "I was very much a loner," the Waukon native said. "I would often bicycle and go camping by myself. I did a lot of running when growing up and it helped me feel more at peace when I was younger."

His insecurity resulted partly because of academic problems at school. "I should have flunked 4th grade," he said. "I was a goof-off, show-off kid."

Academically he had problems after that. In 7th grade he stole the teacher's answer book in order to do well on a test, being careful not to mark every answer correctly.

In some High School classes he was very interested and would get "an honest B or C in them." These were classes in which he could see some value, usually vocational classes.

"In something I couldn't really see how you were going to apply to life, I wasn't interested and didn't learn anything," he said. "I never had the encouragement to go to college." (He went to North Iowa Area Community College, where he studied a trade.)

He said his father, an alcoholic who is now reformed, was verbally abusive to him and gave him a low self-esteem. "I didn't know I was living in an abnormal environment (his mother also was a heavy drinker) and when I got away from home,, I did not seem to fit," he explained.

"I couldn't deal with people that were assertive to me. Like many people who become substance abusers, I did not know how to be assertive. I thought to be assertive was to be selfish," he said.

The youth took his first drink at 13 and was drinking heavily a year later. He regards his use of illegal drugs as merely an extension of his drinking.

"I don't believe alcohol is bad. It is just wrong to get drunk," said the person who began to get drunk regularly and later to use drugs to avoid reality.

First At Home

At first his drinking was primarily at home, since it was an accepted thing to do there, but soon it became more fun to do it with friends. That was partly because of their being his age, partly because it meant getting away from a home situation he did not enjoy. "Partly it was because it was more fun to do it on the sneak," he acknowledged.

"The fun was not in drinking, but in getting drunk," he said. Terrance Hennesy, pastor of Community Presbyterian Church, Postville, said the primary examples of substance abuse he has seen are those using only alcohol, and said they usually are people that do not know how to socialize unless they are drunk.

The Waukon native said that was the case with him and his peers--they felt uncomfortable with others in a social situation if they were sober.

This emphasis on gettting blanked out fits in with the way he described himself when smoking pot for the first time: "I wanted it so much that whether I was high or not, I pretended I was high. Maybe I was just enjoying the fact I had finally gotten ahold of something that would keep the world from me."

Classmate

Willard said that after he had quit using drugs, someone in High School when he was said to him: "You know, it always did seem you had more fun than it seemed a person should have."

"That is where I hid," Willard told The Herald. "I was known as a partier....I hid behind a smile. I felt life was unfair to me and that it wasn't giving me as much as I was giving it."

His feeling of unfairness related to the way his father discredited him, he said. It resulted from his analysis that he was not being paid enough at work, and so led to his stealing small amounts from his employers.

For example, he occasionally would steal a small item off the shelves. "If a customer would drop a dollar (without realizing it), I would always give it to them," he recalled. "I would never rip off a friend, or even a stranger, but I would rip off an employer.

"It is funny how you rationalize. I was a hard worker and a good worker....I would justify ripping off an employer because I was a hard worker."

(This theft was not motivated by a need to finance his drug use. His thinking appeared somewhat similar to the approach some residents of urban ghettos have taken toward theft by saying: "I do not deserve to be so poor, so for me to steal from somebody much better off than I is merely a matter of giving me a little bit of my fair share.")

And Willard was involved in some other "improper" things, ranging from turning on the lights at Waukon's football field when they weren't supposed to be on, to several more serious pranks.

He said he would not have done them if he had not been stoned. He said the reason such things were done was not the drugs, but what led to the drugs, the feeling of inability to have fun in a healthy way.

"When you are on drugs," Willard said, "it is like being frozen in time age-wise, because deep down you don't like yourself and you don't know how to correct it." That means the drug user does not improve his skills, in this case those of having fun, and so the only way to have a more "mature" fun as one gets older is to do something more exotic or more illegal than what was done earlier.

Religion Without Love

"I was an altar boy throughout High School, so it was like there were 2 sides to me. A side that looked for God and tried to get closer to God, and another side that pulled away from God," he said. "In this religion I was never happy. I did not learn to love myself."

A counselor at St. Marysville Treatment Center in Dyersville said many of the youths they see have had legal difficulties. "A lot of times when a kid first enters treatment, the family have lots of problems....The majority of kids we see have alcoholism in their family."

Ironically, she was saying this in a presentation that featured a youth from this area who came from a family where alcoholism definitely was not a factor.

"We turn to drugs and alcohol because our lives are not acceptable and we seek out a way to control our happiness and our destiny," Willard said. "Alcohol and drugs are a hell of a good friend for a long time because they are like a loan that removes us from the real world. But eventually we have to pay back the loan and face the real world. And the interest rate is very high."

Table 55
Motives for Using Marijuana

	6th Grade	8th Grade	10th Grade	12th Grade	Total
It's part of trying new things (curiosity, adventure)	15	16	25	21	18
Because their friends use marijuana	24	24	27	19	22
To forget about their problems or unhappiness	23	24	24	17	21
They like the way marijuana makes them feel	15	17	23	23	19
To have a good time with people	11	11	13	10	10
They don't see anything wrong with using marijuana	9	6	9	8	8
Because they don't have anything else to do	3	2	2	2	2

(taken from 1984-85 Iowa Study of Alcohol and Drug Attitides and Behaviors Among Youth, prepared by Substance Education Program Instruction and Curriculum Division, State Board of Public Instruction.)

Table 54
Motives for Not Using Marijuana

	6th Grade	8th Grade	10th Grade	12th Grade	Total
Marijuana is dangerous to their physical or mental health	38	37	35	32	36
There are too many risks of trouble with the police, employers, or school people	15	16	16	15	15
It's part of dropping out of life, something they don't want to do	19	17	13	12	15
Their families would disapprove	8	8	8	8	8
Marijuana use is against their personal or religious beliefs	2	4	7	11	6
They don't like the way it makes them feel or behave	6	6	6	8	7
They don't like the people who use it	5	6	7	7	6
They have better things to do	7	7	8	[illegible]	[illegible]

[From the Postville (IA) Herald, Apr. 12, 1989]
1981 Graduate Tells How She, Others Started On Pot At 14
(By Patrick Huber)

Third of 6 Parts

A 1981 graduate of Central Community High School, Elkader, said she began using illegal drugs at the age of 14 and at least half of the 80 students in her class used them by the time they graduated.

"I know there was widespread usage in my class. I think it was in other grades, too. People in the community didn't realize it," she said.

"Some students used just pot--with most of us it was basically anything that came around," she said.

For many that included LSD, which she first tried at age 15. "I used a lot of that because there was a lot more of that available....Later I quit using very much of it because it became harder to get."

Other drugs she used included hash, hash oil (which was put on marijuana to make it more potent) and crystal, which is similar to cocaine. "I never shot it. That was because I don't like needles, even in a doctor's office," she explained.

Mary (that is not the correct way to spell her name and she asked that her last name not be used), first used cocaine when she was 17 or 18. She said she did not use cocaine extensively because it cost too much.

Mary said that when she and most of her fellow students would first try a drug, it was when a fellow student offered them some. That might be at a party, in a car as they drove around town or around Clayton County, or in an alley adjoining Central School. They gathered there regularly before school and during lunchtime to use pot or whatever else was available.

Such an offer was how she first came to use marijuana. A friend came up to her "and basically said we have gotten ahold of some pot and a pipe. We are going to go out and smoke some. Do you want to come along?"

She said sure, saying her thoughts were that she would try anything once.

"We went on a hillside behind this person's house," she said. "There were 4 of us (all classmates). My first reaction was that it didn't do much for me. He said, oh well, wait a few minutes. Then it gave me kind of a light head--a euphoric feeling. It made me feel happy. I thought this is great, and I am not going to get sick."

(She had tried a few times to drink alcohol before that, and always had gotten sick as a result. Consequently she had not been drinking it.)

Her friend had gotten the marijuana and pipe from a relative in Cedar Rapids, she said.

She did not use marijuana again until someone approached her again and offered it to her. "I didn't know a lot of people who were using it at that point and I was reluctant to approach anyone for fear I was approaching the wrong person," she explained. "I am not the kind of person who would go up to someone else and ask them."

The second offer came about 2 weeks later. That was from another classmate. Like the first offer, it came from a boy. Neither of them were boyfriends.

She continued to smoke pot only when it was given her by friends. More students became aware she smoked it, and so the offers became more frequent. A few of the offers came from girls, most from boys "because there weren't a lot of girls that used it at that time."

(See adjoining chart that shows how the portion of female students has increased.)

Soon she was using it once a week, then twice a week, and within 6 months, 2 to 3 times a week.

"That was when I decided I needed to have my own, so that I didn't have to wait until someone asked me. I needed to have it whenever I wanted it," she said.

To get a source, she talked to one of the people who had been offering it to her, asking him if he would sell her some or put her in touch with someone who would. He told her he could get it for her.

At first she just bought "nickle and dime bags" (those selling for $5 and $10.) Within 6 to 9 months she started buying half an ounce at a time because it was a little cheaper that way and purchases did not have to be made as frequently. An ounce at that time was about $25 in the Elkader area.

"As time went on, I was becoming more aware of people using drugs and was introduced to various sources," she said. Most of the sales to students were from students, some in High School, some in Junior High and a few school dropouts. That way the adults selling in larger quantities had to have contact with only a few youths and so were not as likely to get caught.

Mary said that when she or her friends wanted to buy in a larger quantity, they often would go to someone living in Elkader. Other times they drove to the homes of people living elsewhere. She said they bought from sources living in Monona, Garnavillo, Strawberry Point and Postville.

Most sources were between 18 and 25, some single, many were married couples or couples living together, some with children, some without. Almost all had regular jobs, partly because without a job they might be cause for suspicion.

"These people were not your city council members, but they weren't the vermin of the community either. They weren't real high profile, but they weren't recluses either," she said.

She knew of one who was active in Jaycees and at least one couple quite active in their church.

She said she thought all these sources used most of the profits from their drug sales to support their own drug habit, rather than to improve themselves financially.

Smoke At School

Much of the pot smoking of Mary and her peers was done in the alley right outside the school building. She lived on a farm. She said there was a restriction that students could not leave the school grounds once their bus arrived.

Consequently she and other students often would get together in the alley about 8:30 a.m. and smoke pot before classes started at 8:45 a.m.

Students living in town often would get together before school at the house of someone whose parents were already gone, Mary said.

Other days, or the same day, they would get together in the same alley at noon, she said. During the Winter, they sometimes smoked in somebody's car instead of in the alley.

By the time she was a Freshman, Mary was getting high on drugs about 3 times a week at these preschool and noontime gatherings. Usually it was pot, sometimes hash.

The groups ranged in size from 5 to 15. "Obviously, the smaller the group, the less noticeable it was," she commented. There was not any noticing, or any acknowledgment of its being noticed, anyway.

"Often a teacher would walk by, but they never said anything. It was my feeling they didn't really want to know what was happening," the young woman said. In addition to seeing her and her fellow students smoking pipes outside the building, they could have known something was wrong when the students were stoned in class.

Stoned In Class

Throughout her Freshman and Sophomore years, Mary was stoned in class an average of 3 days a week, she said. If it was from smoking before school, it would be her morning classes; if from using pot or some other drug at noon, it would be through her afternoon classes.

She said that when stoned she "was very euphoric...would feel similar to being tipsy from alcohol...not able to remember things real well."

She recalls a few days--about 4 during her Freshman year--when she so high she remembered almost nothing about classes she attended.

She recalled now with some fright the same thing happening during her Sophomore year. "I can remember this one day in particular. We were going to a concert, and so we got stoned. I had a P.E. class, a bio class and one other, I believe a business class. I remembered being in those rooms, but I had very little recollection of what went on. We were square dancing in P.E. I am real surprised I didn't pass out. I have no idea if I talked to people."

She had another similar experience in her Sophomore year.

"By the time I got to my Junior and Senior years, I got more concerned about my grades," she recalled. "I realized I could not go to class stoned and do well in them."

That caused her to revise her drug usage, although not reduce it. She began more often to wait until after school and until weekends to get high. Her body also got so it could tolerate drugs better, she explained.

Active Student

Mary, who recently began attending college, was a good student. During her first year and a half of High School, she had better than a B average. Her grades started to slip then until she realized she could not afford to be stoned in class. And she was anything but the stereotype of the "druggie," lazy, unsuccessful or uncommunicative.

"Students with substance abuse problems cannot be categorized as falling into a particular academic category," said Postville High School Principal Len Bruce. "It is hard to stereotype them in any other way either. It can include all of them."

Mary was a member of the National Honor Society. She was manager of Central's wrestling team throughout her High School years.

She was active with the usual run of projects when a member of Future Homemakers of America for 2 years. She was a member of the Thespians at Central High School and as such helped them raise money as well as being in a couple of school plays.

In her Sophomore and Junior years she competed in speech contests. That, she recalls, necessitated a slight break from her drug usage. "I definitely couldn't get stoned the day of the contest, because I have a tendency to talk fast anyway, and if I was stoned, I would really talk fast," she explained, "But that was only one day I couldn't get stoned."

She was a member of the Youth Fellowship at Peace Lutheran Church, Elkader, from the 7th through the 11th grades. "When we had confirmation class, we would inevitably go out and get stoned. Ironically, we would be in the same alley we smoked in when we were at school, since the church is near the school," she recalled.

And she also had a part-time job throughout High School, working as a cashier and in the delicatessen of Dean's Super Valu in Elkader. Her work was successful enough to result in her getting a full-time job there upon graduation from High School.

Easier

Bruce Babbitt and Albert Gore admitted during the last Presidential campaign that they had tried marijuana in their college days. A similar admission probably was the reason Douglas Ginsburg was not appointed to the Supreme Court when nominated by President Reagan.

Mary said the public needs to get away from the idea that because someone is active and successful does not mean automatically they are not using drugs.

"It is a lot easier for someone who is a good student and active in a lot of activities to hide their drug habit. No one suspects you, or if they do, they don't want to believe it," she said. "No one confronts you because you get good grades and are involved in a lot of activities."

Percent Male and Female Reporting Marijuana Use in 1975, 1978, and 1981

		Never Used	Ever Used	Casual	Regular	Heavy
Male	1975	80.8	*	9.0	4.3	6.0
	1978	84.0	24.3	4.8	4.3	7.0
	1981	78.7	21.3	4.1	3.5	5.7
	1984	85.0	15.0	3.6	2.6	2.7
Female	1975	86.3	*	5.9	3.5	4.3
	1978	84.9	20.3	4.4	5.1	5.6
	1981	81.1	18.9	4.8	3.3	2.7
	1984	87.2	12.8	3.5	2.3	1.4

*Unable to calculate due to wording of question in 1975

(taken from 1984-85 Iowa Study of Alcohol and Drug Attitides and Behaviors Among Youth, prepared by Substance Education Program Instruction and Curriculum Division, State Board of Public Instruction.)

[From the Postville (IA) Herald, Apr. 19, 1989]

Waukon Chief: Dope Is More Available Now Than In 1970's

(By Patrick Huber)

Fourth of 6 Parts

There have been only a few people in Allamakee County using illegal drugs referred to its Substance Abuse Service since it was started in July, 1984. All of those used both marijuana and alcohol, most starting on alcohol, said Michelle Manning-Houlihan, its director during its first 3½ years.

Its counterpart in Clayton County has had a few users of illegal drugs, but quite few. Its director, Rick Brown, said: "I don't hear much about marijuana and even less about harder drugs."

The Clayton County Juvenile Probation Office had only one case last year of a user of illegal drugs out of some 80 cases. Director Claudia McCalley said that in the 12 years she has been in that position, she has received only 8 referrals of violators of illegal drug laws. "You just don't see the number of arrests they do in a city," she commented.

Neal Sheeley, whose job as director of Alternative Treatment Associates involves seeing families and individuals with a variety of serious problems, said he currently had no clients for whom a controlled substance could be considered the primary problem. The Northeast Iowa Mental Health Center has many clients with alcohol problems but none presently who have a problem with an illegal drug, its director, Des McIvor, told The Herald.

Postville High School Principal Len Bruce said he has known of no case of illegal drug usage during the 3 years he has been there.

MFL Counselor Michael Ruffing said he has had no cases this year and only a "very few" in the 12 years he has been at MFL. He declined to say how many.

There have been almost no drug arrests in the area in recent years. The only significant exception were 8 arrests in the 2 counties made in February as a result of an investigation by the Crawford County Wisconsin Sheriff's Department.

This information, plus reports of a decline in drug usage since it reached its height in the late 1970's, along with the tendency of illegal drug usage to traditionally be less in rural areas, may mean no problem exists in this area. It may mean that but probably not.

Most of the 10 professionals interviewed for this series said they did not hear much about usage in the area, but that they were not in a very good position to hear about it. They explained why.

Generally counselors, both those for youths and those for adults, pointed out they probably would not find out about a client's use of drugs unless the client told them about it.

The Postville High School principal said he and other administrators generally learn about a student's using drugs, including alcohol, only when it is reported to them by police and the student is to be kept out of a school activity as a result.

In the case of law enforcement officers, the fact that narcotics are illegal makes those using them careful what they say and do when a law officer might be near.

"Generally they learn about drug activities only by accident. The Waldron case is an example of that," McCalley said. She was referring to the arrest in March of Gwendolyn Waldron of Waukon. That resulted when, after she drove her car into the ditch between Monona and Waukon, some substances accidently fell from her purse. This led Allamakee County sheriff's deputies at the accident scene to obtain search warrants for her car and house.

The substances were sent to the state's crime laboratory, which later reported them to be cocaine and marijuana.

McCalley said that with the exception of a drug investigation about 8 years ago, all of the arrests by Clayton County officials were an "accident" that came in conjunction with another violation.

"Officers have to work a long time to make drug arrests," she said. In the Waldron case, Sheriff Neil Becker said he could not make an arrest until the report came back from the state laboratory. That took 2 months.

"The number of arrests doesn't have any significance so far as the amount of drug use is concerned," the probation officer said. "I think there is probably some use of controlled substance, but we don't have any evidence.

"I don't think small town areas of Iowa are any different than anywhere else--drugs are used," she said.

"There is probably not one school in Clayton County where there is not some drug use," said the Clayton County Director of Substance Abuse.

Agreeing with that was Mary, the

1981 graduate of Central High School, written about in the previous segment of this series.

"I could tell you 4 or 5 places in Elkader where you could get drugs. At a couple of these places you might only be able to buy an ounce of marijuana, but at the other places you could buy in a larger quantity," she said.

"Some of these people might have some cocaine--not all the time. You might get it in a few minutes. It all depends on the time. If there has just been a drug bust, you will have to wait up to a week."

Asked to compare its availability now with 10 years ago, when she was in High School, she said: "It is just as available now as it was then. It (the drug business) is just more subtle now (because of greater law enforcement)....People are more leery of you now when you buy drugs. If they don't know you, they probably will say: 'I don't know what you are talking about.' But once someone introduces you to them, they will do business with you....

"I know people in Clayton County who buy real expensive sets of lights to grow pot." These enable them to grow it in the seclusion of their home or other building.

(Ed. note: This reminds the author of a girl in Miami who told him she grew marijuana plants in her home and when her mother asked her what they were, said they were tomato plants.)

Mary said some of these are people who raise it to sell, but most raise it only for their own use.

"It doesn't take long to pay for a set of lights with marijuana at $100 an ounce now," she mentioned.

"More Available"

Waukon Police Chief Loren Fiet said ~~that "according to what we hear~~ from the kids on the street," illegal drugs are more readily available than they were 10 years ago.

Brown said: "We don't hear much about marijuana being used....There has been a problem in identifying kids who are drug users and sending them to treatment."

He said occasionally he hears of the use of cocaine in Clayton County, and "speed a little bit."

He said it is harder to deal in drugs in a rural area than in an urban area, but "the kids definitely know who is dealing with drugs."

Mary said she would guess there probably is less drug use at high schools in the area than when she attended because of the drug education now provided. "When I was in High School, there was almost nothing."

McCalley took a similar position. "I do feel kids are not using drugs as much as they were, because they are getting a lot of education in the schools about the damage they can do to them. And there is a lot on TV and a lot of material about the problem of using drugs."

She said almost all the drug referrals she has had have been for the use of marijuana. She said there is some use of speed, something she has been able to determine by her conversations with young people.

Asked to explain her statement that drugs are available, she said. "The fact there are arrests being made for drug use." She said the youths that are her clients do not tell her where they are available. This, she indicated, is because someone on probation does not want to get himself in further trouble or a friend in trouble.

(This is quite different from what is common with heavy users of "hard" drugs, who often are afraid to reveal sellers for fear of being killed or of losing their source for drugs should they decide again to use them.)

"No Difficulty"

Koopman said he would estimate 2% to 5% of today's student body at Postville has tried marijuana, with 1% to 2% regular users. "It was more prevalent in the 1968-74 years," he said.

A student wanting marijuana would have no difficulty in getting it right away, he said. "If you want cocaine, you might have to wait a day, but you could get it," he continued.

"In a survey taken 2 years ago, very few of our kids responded saying they know of anyone using cocaine, but that they know it is available....We have known ever since the '60's it was easy to get drugs here because we are on 2 major highways."

He explained that if someone wanted a supply of drugs which was not available in this area, they could be delivered to them by someone delivering drugs between Omaha and Chicago or on their way to one of the other cities to which Highways 18 and 52 lead.

Crack

Koopman, like all the other professionals interviewed, said they had seen or heard nothing about crack in the area. That is a drug that became common in larger Iowa communities about a year ago and has left a path of addiction and death that has caused terror in the minds of those dealing with its victims.

The Iowa Division of Narcotics Enforcement describes crack this way: "Cocaine powder, heated and mixed with baking soda and water, yields tiny, solid chunks or 'rocks.' The rocks are smoked with a glass pipe, giving an intense high.

Some doctors say it is more addictive than heroin. Part of what makes it more of a problem than cocaine is that no needles are required and it is relatively cheap ($5 a dose).

And despite the low price, the profits are high. "...with crack, the profits are so high, the violence is so rampant and the drug itself is so highly addictive that it is really alarming,"said Ed Virant, administrator of a treatment facility in Des Moines.

One of the places where crack is reportedly in heavy use is Waterloo. "I have friends there, and I haven't heard of any crack there," said Mary, who has been off drugs for about 2 years.

The large investigation recently in which undercover agents for the Crawford County Sheriff's Department purchased alleged illegal drugs resulted in the purchase of some crack, the Crawford County clerk's office told The Herald.

"While crack is primarily an urban problem now, it has reared its head in smaller communities enough times to leave school officials and law officers dreading its expected arrival," the Des Moines Register reported Feb. 5 in a series on illegal drugs.

The series quoted Pat Aren, a prevention specialist at the Midwest Iowa Alcohol and Drug Abuse Center at Denison, saying it was sold in that western Iowa town, which has a population of about 7000. The High School principal there said he knew of only one High School student using it.

Others Did Not Know

That school officials or parents or someone else do not know of drug use does not mean it is not taking place. Willard said he was high on drugs almost every day during his Senior year, yet no teacher recognized it, or at least said anything to him or his parents.

"One time I got high just before I went in to talk to the school counselor," he recalled, "and he didn't realize it. At least he did not say anything about it."

Mary said: "I don't think the High School officials realized we were using drugs. It was going on right on school property during school functions. . . . Sometimes teachers would walk right by us, and they would say nothing."

Asked if the teacher might have thought they were smoking cigarettes, Mary said: "I didn't smoke cigarettes. And when you are passing around a pipe, it is pretty obvious you are not smoking cigarettes....

"I think back now on the condition that I was in during some of my classes. Anyone could realize there was something wrong....There was never a word said. I talked to the principal a couple of times and nothing was ever said to me or to my parents or to anybody else..."

Waukon Officer

Tom Lines, who joined the Waukon Police Department in October, said refusal to recognize drug usage, particularly in smaller towns, is common. The 31-year-old used as an illustration the Northeast Iowa town of Aplington, population about 1000, where he was a policeman for 10 years before going to Waukon.

"People (in Aplington) would say there isn't a drug problem here in town," he said. "I would say you can get anything you want.

"Some people would know and wouldn't want to talk about it; some

ALCOHOL, DRUG USE IN IOWA SCHOOLS

Survey of 6th, 8th, 10th and 12th graders shows a general improvement since 1978

Year	Nonuse*	Alcohol Only	Marijuana Only	Alcohol and Marijuana	Alcohol And Drugs Other Than Marijuana	All Substances
1975	39.1	43.7	0.3	9.3	0.7	6.7
1978	31.3	44.0	0.9	14.9	0.5	8.5
1981	44.9	43.7	0.3	5.4	0.9	4.7
1984	47.6	43.3	0.3	4.2	1.0	3.3
1987	50.5	39.0	0.3	5.8	1.0	3.0

*Non use means never used, or used and quit, or use less than once a month.
Source: Iowa Department of Education

people don't know and want to stay that way."

Athlete

Mary said: "I can think of one person who was out for football, basketball and track--a very successful athlete--who used drugs. Maybe it was because he used speed quite heavily."

She would always carry her drugs in her purse when going to school, or anywhere else. "When we needed a pipe, we would put it in our socks if we were wearing narrow-legged pants," she said.

An official at one school told The Herald that if they find out about a student's using drugs, it often is from a parent. But parents do not always know.

Mary said her parents did not know about her drug usage from the time she started at age 14 until after she had graduated from High School.

"There was one instance where they (her parents) found some pills in her purse," Mary said. "They asked me why they were there. I told them they were somebody else's and I was just keeping them for them.

"Whether they believed me or not, they let it go at that. If they did know, they didn't want to have to deal with it then."

Sometimes she would get stoned at home, usually in the evening. When doing that she would put some incense in her room in order to hide the smell of the marijuana.

Occasionally she would go to a friend's house and they would get high there, but their after-school highs usually were while at parties or driving around in a car, she said.

About the only people that knew Mary used drugs were her peers, she said. "I am sure by the time I graduated most people in my class knew that I was on drugs," she said.

Today school officials and even parents are more knowledgeable about drugs and so in a better position to notice the use of them. That leaves the question of whether they are willing to admit their student or their child is using them. Mary said of personnel at her High School and other people in her community: "Maybe they just did not want to believe otherwise."

[From the Postville (IA) Herald, Apr. 26, 1989]
Alcholism Called Main Drug Problem In Area
(By Patrick Huber)

Fifth of 6 Parts

"Alcohol does much more harm than other drugs," Clayton County Substance Abuse Director Rick Brown told The Herald when first approached about this series. Numerous other professionals said virtually the same thing.

The same is true in Allamakee County, said Michelle Manning-Houlihan. She said that during her 3½ years as substance abuse director there, she had no clients who were drug addicts but numerous ones who abused alcohol.

She said she concentrated her educational effort in the county's 3 High Schools on alcohol abuse, not drug abuse, because "that was the problem."

A survey at Postville Community Schools 2 years ago said the "drug of choice" was alcohol.

In a survey at MFL 2 years ago, 58 Juniors and Seniors opposed having breathilizer tests at their High School Prom, while only 27 favored it. When presenting the survey results and the comments of the students to the board of education, Superintendent Dale Black described it as an "eye opener." Wayne Venter, High School Principal at that time, said: "We are putting our heads in [illegible] there is an alcohol problem among teenagers."

Willard, an Allamakee Community High School student from 1972 to 1976 was quoted earlier in this series as saying there were 25 members of his class who used a variety of drugs. He said that in addition to those, there were another 25 with serious alcohol problems.

Claudia McCalley, juvenile probation officer in Clayton County, said that of some 80 referrals she has in a typical year, an average of one or fewer is for use of a controlled substance, while about 50 are for alcohol violations.

Asked the typical personality traits of youths referred to her for alcohol violations, she said: "Just about anybody. Many are very good kids. Good students. Working hard at very good jobs. Lots of these kids have a lot going for them, but lots of them just don't understand the law or take chances."

She said those youths for whom alcohol becomes a long-term problem would have characteristics similar to those who have problems with other drugs. A common thing is low self-esteem, she said.

The Clayton County substance abuse director initially expressed concern about this series, in fact, for fear that learning only a small percentage of county residents used non-alcohol drugs might cause readers to overlook what he defined as the much more serious substance abuse problem.

"Alcohol is the drug of choice," said McCalley, and numerous others interviewed. They were referring to adults as well as youths.

Neal Sheeley of Alternative Treatment Associates said he has numerous clients with alcohol problems even though almost none with other drug problems. Des McIvor, director of Northeast Iowa Mental Health Services, spoke similarly. Rev. Terrance Hennesy of Community Presbyterian Church, Postville, said that while having no people with other drug problems, he has several who have serious alcohol problems.

McCalley said of those referred to her on probation for use of a controlled substance, in most cases the problem had begun with alcohol.

Willard, whose problems with marijuana a decade ago were written about earlier in this series, said: "My primary problem was alcohol. Alcohol was my drug of choice." He started on alcohol and later went to marijuana as well as to other drugs.

Houlihan said that as Allamakee County Substance Abuse Director, she had few referrals for counseling who had used a controlled substance and of those, most were for alcohol. "Some were for marijuana, and most of those started on alcohol," she said. None were for any other drugs, she continued.

Of about 7000 10th graders surveyed from throughout the state by the Iowa Department of Education in 1987-88, 53% said at least 5 of their friends drank alcoholic beverages. Of the 7000 12th graders in the same survey, 72% said 5 or more of their friends drank and only 2% said none of their friends did.

The chart adjoining this story on the availability of alcohol shows that a higher percentage of 10th graders in rural and semi-rural Iowa find it easy to obtain alcohol than do 10th graders in urban areas. This contrasts with their answers to similar questions about tobacco and marijuana. Slightly fewer 10th graders from rural areas said it was easy to obtain tobacco than did from urban areas, and only about a third believed it was easy to obtain marijuana.

Willard emphasized: "I don't think there is anything wrong with drinking alcohol. There is something wrong with getting drunk."

A similar position was taken by others interviewed. The policy of Clayton County Substance Abuse Services, for example, begins by stating: "Responsible use of alcohol is a right and a privilege."

Younger?

McCalley said the youngest of the referrals to her of those with alcohol violations are about 14, with about 16 the average age. Brown said an increasing number of youths are drinking at age 12 or 13. "That is really frightening," he said.

(That is not the case statewide, at least according to the accompanying tables which show a slight decline in the drinking of most age groups, including 6th graders.)

Asked the common age for students at Postville Community Schools to start drinking alcohol, Counselor David Koopman said it is likely that 25% of those in Middle School have used alcohol at least once.

"When they start using it that young, they have that much more of a chance of becoming an alcoholic," he continued. "For one thing, when their bodies [illegible] smaller, they can't tolerate it as well."

Brown blamed increased teenage pregnancy and declines in teenagers' scores on standardized tests in recent years to increased drinking. Youths who use alcohol do not reach their natural maturity as soon as they would if they did not, he said.

He explained why he thought younger youths were drinking now than in the past: There is strong pressure from other youths to drink. This is in sharp contrast to the case with non-alcohol drugs, where there is peer pressure not to use them, Brown said.

There is little legal risk in drinking alcohol, compared to a definite risk in using other drugs, so this is another reason youths turn to alcohol, Brown said.

Trying For Connections

Brown said contrary to some people's belief, "alcohol (or any drug) is not running away from life. It is trying to get connections with life." He said youths often turn to alcohol because they are at a point in life when they recognize a need "to make connections with life" and feel that having failed to do it otherwise, they should turn to alcohol.

A youth, or anyone else, gets on the alcohol track, ignoring the fact he is on a different track, Brown said. "He goes faster and faster on the track, trying to make connections, but will never make connections until he gets on the right track," Brown said.

Ads and Youths

Brown pointed out: "You can't watch a sport event on television without seeing a beer commercial." He

Perceived Availability of Substances

How easy is it for people your age to obtain alcohol in your community? (10th Grade Students Only)

	Urban	Semiurban	Semirural	Rural
Impossible	3	1	1	1
Very difficult	4	6	2	3
Slightly difficult	20	15	20	20
Easy	53	58	61	55
Don't Know	21	19	16	20

(from Substance Education Program Report Iowa Department of Education)

explained how while not showing youths drinking, cleverly-designed commercials were made to attract the young audience.

The fact that society has accepted alcohol makes young people think they should accept it also. They see others drinking, including national heroes, prominent local people, their own family members, so they see no reason why they should not drink, he continued.

Houlihan explained teenage drinking in a similar way: "It is socially acceptable....It is fairly easy to obtain. You see alcohol. You go into a convenience store and there is a whole cooler of it sitting there."

"Life expectancy for every age group is going up in the United States except the 15 to 24 group," Brown pointed out. "The reason that is going down is because of alcohol-related deaths....That is frightening."

Adults, Too

Alcohol is acceptable and it is accessible, and those are the major factors leading a very large number of people toward alcohol abuse, adults and youths, Brown said.

He said there are a variety of ways one can die as a result of alcohol, including alcohol withdrawal. This area is not immune to the most publicized alcohol death, that involving motor vehicle accidents, he pointed out. Of the last 21 fatalities in Clayton County, 13 were a result of alcohol, he said.

Houlihan said she worked with more adults than youths, with most of the youngest ones 19 or 20. She said she did not know how young teenagers were starting to drink in quantity.

"People now are willing to talk and be open about alcohol much more than they were," Houlihan said. "I don't know if the problem is getting any less."

Presumably the social acceptance of alcohol makes people more willing to talk about their use of it. But does society's acceptance of alcohol make them less likely to recognize it as a potential problem? Brown is concerned that it does, particularly so far as youths are concerned.

He decried the old phrase: "Old enough to fight, old enough to drink." He said a youth can fight only because he is under very close supervision, not because he has the emotional maturity to do so. He said it is the same way with drinking: a youth is too immature emotionally to drink without abusing it.

Presently advertisements and our society as a whole tell people to drink alcohol and they will be better as a

ALCOHOL USE BY GRADE LEVEL

		6th	8th	10th	12th
Nonuse	1987	84	63	40	25
	1984	80	58	34	22
	1981	73	54	33	20
	1978	68	52	28	19
Casual	1987	13	25	30	25
	1984	15	30	32	24
	1981	21	31	33	24
	1978	24	34	36	29
Regular	1987	3	10	25	38
	1984	4	10	28	39
	1981	6	14	29	39
	1978	7	12	30	37
Heavy	1987	0	2	5	12
	1984	1	2	6	14
	1981	1	1	5	17
	1978	2	2	6	15

(from Substance Education Program Report Iowa Department of Education)

ALCOHOL CONSUMED PER DRINKING OCCASION

		6th	8th	10th	12th
Abstain	1987	73	53	32	18
	1984	69	48	27	18
Light (>1)	1987	17	22	12	6
	1984	19	24	14	7
Moderate (1-2)	1987	7	14	15	17
	1984	8	16	20	15
Heavy (3-4)	1987	2	7	16	23
	1984	2	7	18	28
Very Heavy (5 or more)	1987	1	5	25	36
	1984	2	6	22	32

(from Substance Education Program Report Iowa Department of Education) result. Many people believe that and think no willpower is needed on their part, Brown said.

"It is a sad commentary on our society that it continues to tell people that," Brown said. "Alcoholism is a very complex thing. There are many different kinds....Those delighted with their first drink are more likely to become alcoholic," he said. "Some alcoholism is due to genetic factors."

Reaches Others

Although alcoholics tend to be "running away from life," they are not always people with few accomplishments, Brown cautioned. "There are people getting thrown out of the National Honor Society because of drinking," he said.

The same is true with adults, Brown said. And as Mary said in part 3 of this series regarding drug usage, the more active a person is, the harder it is for them to be identified and the harder it is for them to acknowledge their problem.

And the harder it is for the person's relatives and friends to acknowledge it. This was emphasized by a former student from this area who was a very capable and popular student and whose parents were very respected members of their community. "My concept of an alcoholic was someone bungling in the street," she said.

She declined to be interviewed for this series, but said in a talk to other alcoholics that none of her teachers or her parents suspected her of being an alcoholic. She said that when the fact came out: "My parents would not admit I was an alcoholic. It took them a long time to accept that....I know my family loves me, but..."

This tendency to think alcohol causes problems, but "usually for somebody else," is reflected in the Department of Education survey referred to above. Of the 12th graders surveyed, for example, 38% said at least one of their friends was having a problem related to drug or alcohol abuse. There were 2% who said 5 or more of their friends had a problem.

When asked about themselves, however, only 4% said they might have a problem and 1% said they did have a problem.

And it is not always easy for a teacher or parent to realize what is happening. Willard told how during his Junior year he and a teammate wrestled in a meet at Waukon and then went outside and got 2 bottles of beer they had left in a snowbank. "The 2 of us drank the beer," he said, "and then went back inside and sat down by the coach and watched the rest of the match."

[From the Postville (IA) Herald, May 10, 1989]

How common Are Narcotics Here? What Can Non-Users Do About It?

(By Patrick Huber)

Sixth of 6 Parts

"We all pay the cost of drug abuse," said Rick Brown, director of Clayton County Substance Abuse Services. "It is not accurate to take the position that it is not affecting me, just because I might not be an abuser."

He said the abuser may be a friend or relative, or an employee or an approaching motorist who does not have control of his vehicle because of drug abuse, or anyone else whose service to society is limited by drugs. And there are plenty of them, Brown said, commenting: "We are really overwhelmed with the problem. We have work for 120 hours a week."

So what can be done by the person who does not have a relative or employee with a substance abuse problem? "It is essential that people tell law enforcement what is going on," Brown said. "All it takes is one person to say that this is going on."

"It is so easy for society to see the problem as being somebody else's," said Willard, 31, the former student at Waukon who is a reformed user of marijuana, alcohol and several other drugs. "It is also society's problem."

He said an important way the "average" citizen can help fight the drug problem is to work with young people through Scouts, church groups

(Shortly after that point in the interview with him in Postville, he happened to meet on the street Hali Roberts, who had given him religious and emotional help in earlier years. The 2 began visiting with each other enthusiastically.)

"The use of alcohol and drugs is not the problem--they only make the real problem worse," Willard said. "The real problem with the user is that he doesn't like the world and so is trying to control his happiness by using more alcohol or drugs."

"The drug addict keeps waiting for the world to become a better place. It is only when we let God change us that things change for us."

He said that teaching young people what is right and wrong is the best way parents and society as a whole have of protecting young people from substance abuse. "You can't be with them all the time. They have free will. They are going to do in the end what their morals allow them to do," he said. "A good fundamental spiritual basis is the heart of this," he said. "You have to teach kids the difference between right and wrong," he said when asked how he was trying to keep his children from substance abuse and how others might do that, too.

Young people sometimes go to great lengths to keep their parents and others ignorant of their habits.

Willard emphasized the example set by parents and other adults. "If the parent is drinking, or smoking regularly, they shouldn't expect their kids not to use drugs," he said. "You have got to live what you preach...."

"You might as well tell the kids, Hey, some of these drugs are good at first. It is like borrowing money--fun to use as long as you don't have to pay it back," he said.

Difference With Mary

Mary, the former Elkader resident referred to earlier in this series, was different in the sense that her drug addiction was not an effort to follow the pattern of her parents or other role models. In fact, she acknowledged she liked to be something of a pioneer or a rebel.

Her case, like Willard's, illustrates how those using drugs can engage in many typical and respectable activities. Both were athletically inclined. Both had part-time jobs.

Few if any of the customers Mary waited on at Dean's Super Valu would have realized that by her Junior or Senior year, she frequently got "stoned" before going to work in the late afternoon. She was doing it then because "during my Sophomore year I came to realize I couldn't go to class stoned and [illegible]"

Her drug usage continued to increase, "although not as fast as it would have been if I had not been in Tae Kwan Do," she said.

During this time she was promoted to Dairy and Frozen Food Supervisor at the supermarket where she had been a full-time employee since High School.

At first her drug usage did not affect her Tae Kwan Do efforts, she said. After being in the program 2⅓ years, she earned her Black Belt, the first female in Northeast Iowa to earn that high distinction in the sport.

She said she stayed with Tae Kwan Do because her brother and a couple of his friends had been in it, and this presented something of a challenge to her.

About the time she got her Black Belt, she met a man "who was very much involved with drug usage. I knew I had to either give up drugs or give up Tae Kwan Do, so I gave up Tae Kwan Do," she explained.

Dramatic

Mary became even more involved with drugs and lived several different places until last June, when she decided to stop using drugs. With her, as with most abusers, the decision came only after a dramatic personal setback. In her case, that experience was the realization that while under the influence of drugs, she came close to physically hurting someone she liked very much.

For Willard, the dramatic setback was divorce. (He had been married to a High School girl friend he had met at a dance

I think sometimes how lucky I am to have received the gift of sobriety. Life just a few short years ago wasn't a life anything like what I experience today. Today living is recognizing the problem for what it is, not blaming myself or another, but rather realizing that in living it's not a one time fix all type of solution. It's a day to day, one day at a time living process or program which until I came to A.A. and N.A. I knew nothing about.

by Willard

at the Catholic church in Waukon.)

He became a member of Alcoholics Anonymous about 3 years ago and then joined Narcotics Anonymous and has been active in both ever since then.

He said confusion about religion had been a significant factor in his substance abuse in the first place, and new thoughts about it have been important in his recovery. He said likewise he believes religion is important in helping others avoid substance abuse.

He said that as a youth, he attended his church (Roman Catholic) regularly and served as altar boy, but found no real meaning in it. Just before he got married, he decided to quit using alcohol and other drugs. He and his wife, a Lutheran, attended charismatic churches.

"After 2½ years of this, I gave up on religion because I had given God a chance to work in my life and I felt He had let me down....I went to these churches and people were being miraculously healed of these various illnesses. I wasn't healed and so I thought perhaps God didn't want me."

He went back to using alcohol and other drugs more heavily than he had earlie..

In retrospect he said: "Now I think God may work that way for some people, but not for all people. I was looking for a quick fix for my problem....The real problem was that I didn't like me, and I didn't know how to learn to like myself."

"It wasn't until I let go of religion and old ideas about God that things got better. I realized that I had to come to know God as I understood him to be," he said.

McCalley said many of the probation cases referred to her had a low self-image.

Willard said he has now found a church that meets his needs and attends regularly. He declined to say what it was because he did not want to suggest he thought his church was better than somebody else's.

Waukon's DARE

Waukon is to start next school year a program for 5th and 6th graders called DARE.

The program, tried in Iowa on a sample basis this year, is to be started in 30 communities next year. Applications were taken on a first-come, first-serve basis.

Waukon is to be among the places having it, thanks to Police Chief Loren Fiet. He said he learned about the proposed program a year ago at a state meeting and applied for Waukon right after that "because I felt it was something we needed in the area."

Asked why, he said: "You have to start real early with these kids."

Waukon Policeman Tom Lines is to teach the course, which is to be an hour a week for 17 weeks. He took a 2-week training course for it in Des Moines beginning March 20.

The course explains what drugs are and what they can do to a person. "It is not just about drug addiction," Lines said. "It is a self-esteem builder so kids will not feel they should buckle under and use drugs....It also deals with stress....I am proud we are starting it out and going to see if it works."

He said it "touches slightly on alcohol."

There is a course for 6th graders at Postville that is somewhat similar, although it covers a broader range of subjects, is taught by regular faculty members and lasts an entire year. That is sponsored by Postville Lions Club.

Fiet said his department has not had a case involving drugs in the last year, but said this is due primarily to the difficulty of proving drug charges, "as illustrated by the Waldron case."

He said he knew drugs were available in Allamakee County, although he did not give specifics. He said that included "hard" drugs as well as marijuana.

Lines said that since coming to Waukon in October, he has personally seen cocaine and acid as well as marijuana.

Helping People

Brown said his county attorney, Kevin Clefisch, has made an effort to find people "who are helping people" for substance abusers. He said this is critical.

The Clayton County Substance Abuse Director said it is hard to get substance abusers, particularly youths, to realize that the adverse effects of their abuse may not become evident for years or even decades. "It is really hard for kids to be interested in their own reform if they don't see a lot of bad consequences (of not reforming)," he said.

Perhaps that is another reason why both counties now are putting more emphasis on prevention. Perhaps if the possibility of harm in the future is not enough to get the abuser to quit, it may be enough to discourage more from starting substance abuse in the first place.

SOURCE OF HELP FOR SUBSTANCE PROBLEMS

If you had a problem with alcohol or other drugs and you wanted to talk with someone about it, where would you must likely go for help?

1. .... A close friend
2. .... Parents or guardian
3. .... Brother, sister or other young relative
4. .... A school counselor or teacher
5. .... Minister, priest or rabbi
6. .... Our family doctor
7. .... A crisis line or drug and/or alcohol treatment center
8. .... A trusted adult (not mentioned above)
9. .... Don't know where I would go

CONCLUSION OF HEARING

Senator HARKIN. Again, thank you all for coming. The subcommittee will stand in recess subject to the call of the Chair.

[Whereupon, at 12 p.m., Monday, July 17, the hearing was concluded, and the subcommittee was recessed, to reconvene subject to the call of the Chair.]

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